Fill in this information to identify your case:		
United States Bankruptcy Court for the:		
NORTHERN DISTRICT OF OHIO	_	
Case number (if known)	Chapter you are filing under:	
	Chapter 7	
	☐ Chapter 11	
	☐ Chapter 12	
	☐ Chapter 13	Check if this an amended filing

Official Form 101

Voluntary Petition for Individuals Filing for Bankruptcy

12/17

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Pai	t 1: Identify Yourself		
		About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):
1.	Your full name		
	Write the name that is on your government-issued picture identification (for example, your driver's license or passport).	Christopher First name E. Middle name	Sonia First name I. Middle name
	Bring your picture identification to your meeting with the trustee.	Quinones Last name and Suffix (Sr., Jr., II, III)	Quinones Last name and Suffix (Sr., Jr., II, III)
2.	All other names you have used in the last 8 years	3	
	Include your married or maiden names.		
3.	Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number (ITIN)	xxx-xx-4506	xxx-xx-5744

	About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):
Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years Include trade names and doing business as names	■ I have not used any business name or EINs. Business name(s) EINs	■ I have not used any business name or EINs. Business name(s) EINs
Where you live	9979 State Route 700	If Debtor 2 lives at a different address:
	Number, Street, City, State & ZIP Code	Number, Street, City, State & ZIP Code
	County	County
	If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address.	If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address.
	Number, P.O. Box, Street, City, State & ZIP Code	Number, P.O. Box, Street, City, State & ZIP Code
Why you are choosing this district to file for bankruptcy	Check one: Over the last 180 days before filing this petition, I have lived in this district longer than in any other district. I have another reason. Explain. (See 28 U.S.C. § 1408.)	Check one: Over the last 180 days before filing this petition, I have lived in this district longer than in any other district. I have another reason. Explain. (See 28 U.S.C. § 1408.)
	Employer Identification Numbers (EIN) you have used in the last 8 years Include trade names and doing business as names Where you live Why you are choosing this district to file for	Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years Include trade names and doing business as names Business name(s) Business name(s) Business name(s) Business name(s) Business name(s) Business name(s) Business name or EINs. Business name or

	tor 1 Christopher E. Qu tor 2 Sonia I. Quinones			Case number (if known)	
Part	Tell the Court About	Your Bankruptcy Case			
7.	The chapter of the Bankruptcy Code you are		escription of each, see Notice Required by the top of page 1 and check the appropria	v 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy te box.	
	choosing to file under	Chapter 7			
		☐ Chapter 11			
		☐ Chapter 12			
		☐ Chapter 13			
8.	How you will pay the fee	about how you may	pay. Typically, if you are paying the fee yey is submitting your payment on your bel	ck with the clerk's office in your local court for more deta ourself, you may pay with cash, cashier's check, or mon nalf, your attorney may pay with a credit card or check w	ney
			ee in installments. If you choose this opt installments (Official Form 103A).	ion, sign and attach the Application for Individuals to Pa	У
		I request that my f but is not required t applies to your fami	fee be waived (You may request this option to, waive your fee, and may do so only if you size and you are unable to pay the fee	on only if you are filing for Chapter 7. By law, a judge ma our income is less than 150% of the official poverty line in installments). If you choose this option, you must fill o icial Form 103B) and file it with your petition.	that
9.	Have you filed for				
J.	bankruptcy within the last 8 years?	■ No. □ Yes.			
		District	When	Case number	
		District	When	Case number	
		District	When	Case number	
10.	Are any bankruptcy cases pending or being	■ No			
	filed by a spouse who is not filing this case with you, or by a business partner, or by an affiliate?	☐ Yes.			
		Debtor		Relationship to you	
		District	When	Case number, if known	
		Debtor		Relationship to you	
		District	When	Case number, if known	

11. Do you rent your residence?

Go to line 12.

No. Go to line 12.

this bankruptcy petition.

■ No.

☐ Yes.

Has your landlord obtained an eviction judgment against you?

Yes. Fill out Initial Statement About an Eviction Judgment Against You (Form 101A) and file it as part of

	tor 1 tor 2	Christopher E. Qu Sonia I. Quinones				Case number (if known)
Part	t 3:	Report About Any Bu	sinesses `	You Owr	as a Sole Proprie	tor
12.	of an	ou a sole proprietor y full- or part-time ness?	■ No.	Go to	Part 4.	
			☐ Yes.	Name	and location of bus	siness
	A sole	e proprietorship is a				
	busing an ind separ as a d	ess you operate as dividual, and is not a rate legal entity such corporation, ership, or LLC.		Name	of business, if any	
	sole p	have more than one proprietorship, use a rate sheet and attach		Numb	er, Street, City, Sta	te & ZIP Code
		nis petition.		Chec	k the appropriate bo	ox to describe your business:
					Health Care Busin	ness (as defined in 11 U.S.C. § 101(27A))
					Single Asset Real	Estate (as defined in 11 U.S.C. § 101(51B))
					Stockbroker (as d	lefined in 11 U.S.C. § 101(53A))
					Commodity Broke	er (as defined in 11 U.S.C. § 101(6))
					None of the above	e
13.	Chap Bank	ou filing under ter 11 of the ruptcy Code and are a small business	deadlines	s. If you ir s, cash-fl	ndicate that you are ow statement, and t	court must know whether you are a small business debtor so that it can set appropriate a small business debtor, you must attach your most recent balance sheet, statement of federal income tax return or if any of these documents do not exist, follow the procedure
		definition of small	■ No.	I am r	not filing under Chap	oter 11.
		ess debtor, see 11 C. § 101(51D).	□ No.	I am f Code		11, but I am NOT a small business debtor according to the definition in the Bankruptcy
			☐ Yes.	I am f	iling under Chapter	11 and I am a small business debtor according to the definition in the Bankruptcy Code.
Part	t 4:	Report if You Own or	Have Any	Hazardo	ous Property or An	y Property That Needs Immediate Attention
14.	•	ou own or have any	■ No.			
		erty that poses or is ed to pose a threat	☐ Yes.			
		minent and ifiable hazard to		What is	the hazard?	
	publi	c health or safety?				
	prope	you own any erty that needs ediate attention?			liate attention is why is it needed?	
	perist livest or a b	xample, do you own hable goods, or ock that must be fed, building that needs tt repairs?		Where is	s the property?	Number, Street, City, State & Zip Code
						, , ,

Part 5:

Explain Your Efforts to Receive a Briefing About Credit Counseling

Tell the court whether you have received a briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

About Debtor 1:

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

☐ I am not required to receive a briefing about credit counseling because of:

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

☐ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court.

About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

□ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

I am not required to receive a briefing about credit
counseling because of:

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

☐ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

Official Form 101

	tor 1 Christopher E. Qu tor 2 Sonia I. Quinones			Case number	f (if known)
Part	6: Answer These Quest	ions for R	eporting Purposes		
16.	What kind of debts do you have?	16a.		nsumer debts? Consumer debts are defironal, family, or household purpose."	ned in 11 U.S.C. § 101(8) as "incurred by an
			☐ No. Go to line 16b.		
			■ Yes. Go to line 17.		
		16b.		siness debts? Business debts are debts t stment or through the operation of the busi	
			☐ No. Go to line 16c.		
			☐ Yes. Go to line 17.		
		16c.	State the type of debts you ov	we that are not consumer debts or busines:	s debts
17.	Are you filing under Chapter 7?	□ No.	I am not filing under Chapter	7. Go to line 18.	
	Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available for distribution to unsecured creditors?	■ Yes.		to you estimate that after any exempt properable to distribute to unsecured creditors?	erty is excluded and administrative expenses
18.	How many Creditors do you estimate that you owe?	■ 1-49 □ 50-99 □ 100-1 □ 200-9	99	☐ 1,000-5,000 ☐ 5001-10,000 ☐ 10,001-25,000	☐ 25,001-50,000 ☐ 50,001-100,000 ☐ More than100,000
19.	How much do you estimate your assets to be worth?	\$100	550,000 101 - \$100,000 1001 - \$500,000 1001 - \$1 million	□ \$1,000,001 - \$10 million □ \$10,000,001 - \$50 million □ \$50,000,001 - \$100 million □ \$100,000,001 - \$500 million	☐ \$500,000,001 - \$1 billion ☐ \$1,000,000,001 - \$10 billion ☐ \$10,000,000,001 - \$50 billion ☐ More than \$50 billion
20.	How much do you estimate your liabilities to be?	\$100	550,000 001 - \$100,000 001 - \$500,000 001 - \$1 million	□ \$1,000,001 - \$10 million □ \$10,000,001 - \$50 million □ \$50,000,001 - \$100 million □ \$100,000,001 - \$500 million	□ \$500,000,001 - \$1 billion □ \$1,000,000,001 - \$10 billion □ \$10,000,000,001 - \$50 billion □ More than \$50 billion
Part	7: Sign Below				
For	you	I have ex	kamined this petition, and I decl	lare under penalty of perjury that the inform	nation provided is true and correct.
				I am aware that I may proceed, if eligible, elief available under each chapter, and I ch	
				ot pay or agree to pay someone who is not enotice required by 11 U.S.C. § 342(b).	an attorney to help me fill out this
		I reques	relief in accordance with the cl	hapter of title 11, United States Code, spec	rified in this petition.
			cy case can result in fines up to	concealing property, or obtaining money oo \$250,000, or imprisonment for up to 20 years.	r property by fraud in connection with a ears, or both. 18 U.S.C. §§ 152, 1341, 1519,

/s/ Christopher E. Quinones

Christopher E. Quinones
Signature of Debtor 1

Executed on July 2, 2019
MM / DD / YYYYY

MM / DD / YYYYY

// Sonia I. Quinones
Signature of Debtor 2

Executed on July 2, 2019
MM / DD / YYYYY

Debtor 1	Christopher E. Quinones	
Debtor 2	Sonia I. Quinones	Case number (if known)

For your attorney, if you are represented by one

If you are not represented by an attorney, you do not need to file this page. I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

/s/ Ronald M. Martin	Date	July 2, 2019
Signature of Attorney for Debtor		MM / DD / YYYY
Ronald M. Martin 0006512		
Printed name		
Ronald M. Martin, Co., LPA		
Firm name		
1615 Akron Peninsula Rd.		
Ste. 102		
Akron, OH 44313		
Number, Street, City, State & ZIP Code		
Contact phone 330-923-2451	Email address	ronaldmartin@neo.rr.com
300 320 243 i		Tottalamartin@neo.m.com
0006512 OH		
Bar number & State		

Eill	n this information to identify your c	360:			
Der	tor 1 Christopher E. Qui	Inones Middle Name	Last Name		
1	tor 2 Sonia I. Quinones				
(Spo	se if, filing) First Name	Middle Name	Last Name		
Uni	ed States Bankruptcy Court for the:	NORTHERN DISTRICT (OF OHIO		
Cas	e number				
(if kn					k if this is an
				amer	nded filing
Of	icial Form 106Sum				
Su	mmary of Your Assets a	nd Liabilities and	d Certain Statistical Information		12/15
info	mation. Fill out all of your schedule original forms, you must fill out a n	s first; then complete the	are filing together, both are equally responsible for information on this form. If you are filing amend the box at the top of this page.		
ı aı	ounnanze rour Assets				
					assets of what you own
,	Calcadula A/D. Duananto /Official Fac	40CA (D)			, , , , , ,
1.	Schedule A/B: Property (Official For 1a. Copy line 55, Total real estate, from 1a. Copy line 55, Total real estate, from 1a.	m 106A/B) om Schedule A/B		\$	122,500.00
	1b. Copy line 62, Total personal prop	erty, from Schedule A/B		\$	66,700.00
	1c. Copy line 63, Total of all property	on Schedule A/B		\$	189,200.00
Par	2: Summarize Your Liabilities				
Гаі	Z. Summarize Tour Liabilities				
					liabilities nt you owe
2.	Schedule D: Creditors Who Have Cla			\$	173,553.31
	2a. Copy the total you listed in Colum	n A, <i>Amount of claim,</i> at th	e bottom of the last page of Part 1 of Schedule D	Ψ	170,000.01
3.	Schedule E/F: Creditors Who Have U 3a. Copy the total claims from Part 1	Insecured Claims (Official I (priority unsecured claims	Form 106E/F)) from line 6e of <i>Schedule E/F</i>	\$	0.00
	3b. Copy the total claims from Part 2	(nonpriority unsecured cla	ims) from line 6j of Schedule E/F	\$	180,761.36
	17	, ,	<i>,</i>	· —	,.
			Your total liabilities	\$	354,314.67
Par	3: Summarize Your Income and I	Expenses			
4.	Schedule I: Your Income (Official For Copy your combined monthly income	,		\$	2,500.00
5.	Schedule J: Your Expenses (Official I	Form 106 I)			
0.				\$	3,931.43
Par	4: Answer These Questions for A	Administrative and Statis	tical Records		
6.	Are you filing for bankruptcy under ☐ No. You have nothing to report of	•	eck this box and submit this form to the court with yo	ur other so	chedules.
	Yes				
7.	What kind of debt do you have?				
			ebts are those "incurred by an individual primarily for for statistical purposes. 28 U.S.C. § 159.	a persona	l, family, or

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Official Form 106Sum

the court with your other schedules.

page 1 of 2

Summary of Your Assets and Liabilities and Certain Statistical Information

Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to

8. **From the** *Statement of Your Current Monthly Income*: Copy your total current monthly income from Official Form 122A-1 Line 11; **OR**, Form 122B Line 11; **OR**, Form 122C-1 Line 14.

3,209.33

O. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

	Total clair	n
From Part 4 on Schedule E/F, copy the following:		
9a. Domestic support obligations (Copy line 6a.)	\$	0.00
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	\$	0.00
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$	0.00
9d. Student loans. (Copy line 6f.)	\$	0.00
9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	\$	0.00
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+\$	0.00
9g. Total. Add lines 9a through 9f.	\$	0.00

Debtor 1	Christopher	E. Quinones						
D. I	First Name		e Name		Last Name			
Debtor 2 (Spouse, if filing)	Sonia I. Quii		e Name		Last Name			
Jnited States B	Sankruptcy Court for	the: NORTHER	N DIST	RICT OF OHI	0			
Case number								☐ Check if this is a
					-			amended filing
	orm 106A/E	_						
Schedu	le A/B: Pı	roperty						12/15
☐ No. Go to Pa	art 2.							
■ Yes. Where	e is the property?							
.1	, , ,		What	is the property	? Check all that apply			
.1 8979 Sta	te Route 700 s, if available, or other des	scription	What	Single-family h	nome			ms or exemptions. Put claims on <i>Schedule D:</i>
.1 8979 Sta	te Route 700	scription	■	Single-family h	nome	the amount	of any secured	ms or exemptions. Put claims on <i>Schedule D:</i> s Secured by Property.
.1 8979 Sta	te Route 700	scription		Single-family h	nome ti-unit building or cooperative	the amount	of any secured	claims on Schedule D:
.1 8979 Sta Street address	te Route 700 s, if available, or other des			Single-family h Duplex or mult Condominium Manufactured	nome ti-unit building	the amount Creditors V	of any secured Who Have Claim	claims on Schedule D: s Secured by Property. Current value of the
.1 8979 Sta	te Route 700 s, if available, or other des	44266-0000 ZIP Code		Single-family h Duplex or mult Condominium Manufactured	nome ii-unit building or cooperative or mobile home	Current va	of any secured Who Have Claim	claims on Schedule D: s Secured by Property.
.1 8979 Star Street address	te Route 700 s, if available, or other des	44266-0000		Single-family h Duplex or mult Condominium Manufactured Land Investment pro Timeshare	nome ii-unit building or cooperative or mobile home	Current va entire prop	of any secured who Have Claim lue of the perty? 22,500.00 he nature of you	claims on Schedule D: s Secured by Property. Current value of the portion you own? \$122,500.0
.1 8979 Sta Street address	te Route 700 s, if available, or other des	44266-0000		Single-family h Duplex or mult Condominium Manufactured Land Investment pro Timeshare Other	nome ti-unit building or cooperative or mobile home	Current va entire prop \$12 Describe t (such as fe	of any secured who Have Claim lue of the perty? 22,500.00 he nature of you	claims on Schedule D: s Secured by Property. Current value of the portion you own? \$122,500.0
.1 8979 Star Street address	te Route 700 s, if available, or other des	44266-0000		Single-family h Duplex or mult Condominium Manufactured Land Investment pro Timeshare Other has an interest	nome ii-unit building or cooperative or mobile home	Current va entire prop \$12 Describe t (such as fe	of any secured who Have Claim lue of the perty? 22,500.00 he nature of your simple, tena e), if known.	claims on Schedule D: s Secured by Property. Current value of the portion you own? \$122,500.0
8979 Star Street address	te Route 700 s, if available, or other des	44266-0000		Single-family h Duplex or mult Condominium Manufactured Land Investment pro Timeshare Other has an interest Debtor 1 only	nome ti-unit building or cooperative or mobile home	Current va entire prop \$12 Describe t (such as for a life estate)	of any secured who Have Claim lue of the perty? 22,500.00 he nature of your simple, tena e), if known.	claims on Schedule D: s Secured by Property. Current value of the portion you own? \$122,500.0
.1 8979 Star Street address Ravenna City	te Route 700 s, if available, or other des	44266-0000	Who	Single-family h Duplex or mult Condominium Manufactured Land Investment pro Timeshare Other has an interest Debtor 1 only Debtor 2 only	nome ti-unit building or cooperative or mobile home operty in the property? Check one Debtor 2 only	Current va entire prop \$12 Describe t (such as for a life estat	of any secured who Have Claim lue of the perty? 22,500.00 he nature of your season lue, if known.	claims on Schedule D: s Secured by Property. Current value of the portion you own? \$122,500.0 our ownership interest ncy by the entireties, of
.1 8979 Sta Street address Ravenna City Portage	te Route 700 s, if available, or other des	44266-0000		Single-family h Duplex or mult Condominium Manufactured Land Investment pro Timeshare Other has an interest Debtor 1 only Debtor 2 only Debtor 1 and I At least one of	inome ti-unit building or cooperative or mobile home operty in the property? Check one Debtor 2 only it he debtors and another ou wish to add about this ite	Current va entire prop \$12 Describe t (such as fr a life estat Fee sim	of any secured who Have Claim lue of the perty? 22,500.00 the nature of your seasimple, tena e), if known. ple if this is communitarized the communitarized is communitarized to the communitarized the communitarized is communitarized to the communitarized t	claims on Schedule D: s Secured by Property. Current value of the portion you own? \$122,500.0
8979 Sta Street address Ravenna City Portage	te Route 700 s, if available, or other des	44266-0000	Who	Single-family had been been been been been been been bee	nome ti-unit building or cooperative or mobile home operty in the property? Check one Debtor 2 only the debtors and another ou wish to add about this ite on number:	Current va entire prop \$12 Describe t (such as fr a life estat Fee sim	of any secured who Have Claim lue of the perty? 22,500.00 the nature of your seasimple, tena e), if known. ple if this is communitarized the communitarized is communitarized to the communitarized the communitarized is communitarized to the communitarized t	claims on Schedule D: s Secured by Property. Current value of the portion you own? \$122,500.0 our ownership interest ncy by the entireties, of

Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on Schedule G: Executory Contracts and Unexpired Leases.

Debto Debto		Christopher E. Quinones Sonia I. Quinones		Case number (if known)		
3. Ca	rs, vans	, trucks, tractors, sport utility ve	hicles, motorcycles			
	No					
	Yes					
3.1	Make: Model:	Sterling ST9	Who has an interest in the property? Check one Debtor 1 only	Do not deduct secured cl the amount of any secure Creditors Who Have Clai	ed claims on Schedule D:	
	Year:	2000	Debtor 2 only			
		mate mileage: 1,000,000.00	Debtor 1 and Debtor 2 only	Current value of the entire property?	Current value of the portion you own?	
	Other in	nformation:	☐ At least one of the debtors and another			
	VIN#	2FWYSXB0YAG13393	Check if this is community property (see instructions)	\$2,000.00	\$2,000.00	
3.2	Make:	Clement	Who has an interest in the property? Check one	Do not deduct secured cl the amount of any secure	ed claims on Schedule D:	
	Model:	Starlite - Air	Debtor 1 only	Creditors Who Have Clair	ms Secured by Property.	
	Year:	2013	Debtor 2 only	Current value of the	Current value of the	
		mate mileage: Iformation:	Debtor 1 and Debtor 2 only	entire property?	portion you own?	
		r VIN#	At least one of the debtors and another			
		338BXDM008360	Check if this is community property (see instructions)	\$8,000.00	\$8,000.00	
3.3	Make: Model:	Mac TNAR40NF60	Who has an interest in the property? Check one Debtor 1 only	Do not deduct secured cl the amount of any secure Creditors Who Have Clai	ed claims on Schedule D:	
	Year:	2016	Debtor 2 only	Current value of the	Current value of the	
		mate mileage: 10,000	Debtor 1 and Debtor 2 only	entire property?	portion you own?	
		formation:	At least one of the debtors and another			
	Ave., Acct #	lease, Inc., 1400 W. 62nd Denver, CO 80221 £11601078001 5MADN4021GC031500	Check if this is community property (see instructions)	\$31,000.00	\$31,000.00	
3.4	Make: Model:	Dorsey Box	Who has an interest in the property? Check one ☐ Debtor 1 only	Do not deduct secured cl the amount of any secure Creditors Who Have Clai	ed claims on Schedule D:	
	Year:	1984	Debtor 2 only	Current value of the	Current value of the	
	Approxi	mate mileage:	☐ Debtor 1 and Debtor 2 only	entire property?	portion you own?	
	Other in	formation:	At least one of the debtors and another			
	VIN#	1DTD28A24EP016623	Check if this is community property (see instructions)	\$5,000.00	\$5,000.00	
3.5	Make:	Jeep Grand Cherokee	Who has an interest in the property? Check one ☐ Debtor 1 only	Do not deduct secured cl the amount of any secure	ed claims on Schedule D:	
	Year:	2015	Debtor 2 only	Creditors Who Have Clair	ть осьшей пу гторену.	
		mate mileage: 10,000		Current value of the entire property?	Current value of the portion you own?	
		Information:	■ Debtor 1 and Debtor 2 only At least one of the debtors and another	entire property:	portion you own:	
		ngton Natl. Bank, PO Box	- A reast one of the debtors and another			
	18519 43218 Acct #	, Columbus, OH	☐ Check if this is community property (see instructions)	\$18,000.00	\$18,000.00	

	No					
	⁄es					
4.1	Make:	Dodge	Who has an interest in the property? Check one		laims or exemptions. Put	
	Model:	B25	Debtor 1 only		ed claims on Schedule D: ims Secured by Property.	
	Year:	1981	Debtor 2 only	Current value of the	Current value of the	
			☐ Debtor 1 and Debtor 2 only	entire property?	portion you own?	
	Other inf	formation:	At least one of the debtors and another	*=		
	VIN#2	2B7HB23R3BK217921	☐ Check if this is community property (see instructions)	\$500.00	\$500.0	
1.2	Make:	Appalachian	Who has an interest in the property? Check one	Do not deduct secured of	laims or exemptions. Put	
	Model:	20-FT. Diamond Back	Debtor 1 only	the amount of any secured claims on Schedule D: Creditors Who Have Claims Secured by Property.		
	Year:	2008	Debtor 2 only	Current value of the	Current value of the	
			Debtor 1 and Debtor 2 only	entire property?	portion you own?	
	Other inf	formation:	At least one of the debtors and another			
			☐ Check if this is community property (see instructions)	\$500.00	\$500.00	
4.3	Make:	Chevrolet	Who has an interest in the property? Check one	Do not deduct secured o	laims or exemptions. Put	
	Model:	K20	■ Debtor 1 only	the amount of any secur	ed claims on Schedule D: ims Secured by Property.	
	Year:	1976	Debtor 2 only	Current value of the	Current value of the	
			Debtor 1 and Debtor 2 only	entire property?	portion you own?	
	Other information:		\square At least one of the debtors and another			
	VIN # CKL246J153348		☐ Check if this is community property (see instructions)	\$500.00	\$500.00	
4.4	Make:	Chevrolet	Who has an interest in the property? Check one	Do not deduct secured o	laims or exemptions. Put	
	Model:	V15	☐ Debtor 1 only	the amount of any secur	ed claims on Schedule D: ims Secured by Property.	
	Year:	1989	Debtor 2 only	Current value of the	Current value of the	
			Debtor 1 and Debtor 2 only	entire property?	portion you own?	
	Other inf	formation:	At least one of the debtors and another			
	VIN # 1	1GNEV16K6KF182705	☐ Check if this is community property (see instructions)	\$1,000.00	\$1,000.00	
4.5	Make:	GMC	Who has an interest in the property? Check one	Do not deduct secured of	laims or exemptions. Put	
	Model:	VSU	■ Debtor 1 only	the amount of any secur	ed claims on Schedule D: ims Secured by Property.	
	Year:	1989	☐ Debtor 2 only			
	rour.	1000	Debtor 1 and Debtor 2 only	Current value of the entire property?	Current value of the portion you own?	
	Other inf	formation:	☐ At least one of the debtors and another		, ,	
	Rebuil	lt	☐ Check if this is community property	\$200.00	\$200.00	
	VIN # 1	1GKEV16KXKF513153	(see instructions)			
			wn for all of your entries from Part 2, including ar		\$66,700.00	
	.	ha Vana Bananal and Harris A.	Manage 1	L		
artis Oyo		be Your Personal and Household or have any legal or equitable i	Items nterest in any of the following items?		Current value of the	
					portion you own?	
					Do not deduct secured	

Official Form 106A/B

Schedule A/B: Property

page 3

	ebtor 1 ebtor 2	Christopher E. Quinones Sonia I. Quinones Case number (if known)	
6.		old goods and furnishings es: Major appliances, furniture, linens, china, kitchenware	
		Describe	
	■ No	ics es: Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music continuing cell phones, cameras, media players, games Describe	ollections; electronic devices
		ples of value	
	Exampl ■ No	es: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, other collections, memorabilia, collectibles	or baseball card collections;
		Describe	
9.		ent for sports and hobbies es: Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes a musical instruments	and kayaks; carpentry tools;
		Describe	
10.	Firearr Examµ ■ No	ns les: Pistols, rifles, shotguns, ammunition, and related equipment	
		Describe	
11.	Clothe Examp	s les: Everyday clothes, furs, leather coats, designer wear, shoes, accessories	
	_	Describe	
	■ No	y oles: Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, g Describe	old, silver
13.		rm animals	
	■ No	ples: Dogs, cats, birds, horses Describe	
		ner personal and household items you did not already list, including any health aids you did not list	
	■ No □ Yes.	Give specific information	
15		he dollar value of all of your entries from Part 3, including any entries for pages you have attached art 3. Write that number here	\$0.00
Pa	rt 4: De	scribe Your Financial Assets	
		n or have any legal or equitable interest in any of the following?	Current value of the portion you own? Do not deduct secured claims or exemptions.
	Cash Examp	oles: Money you have in your wallet, in your home, in a safe deposit box, and on hand when you file your petition	·

	ebtor 1 ebtor 2	Christopher E Sonia I. Quino			Case number (if known)	
17.				ounts; certificates of deposit; sh with the same institution, list e	ares in credit unions, brokerage hous	ses, and other similar
	■ No			Institution name:		
	— 103					
			publicly traded stocks vestment accounts with bro	kerage firms, money market a	ccounts	
			Institution or issuer r	name:		
	Non-pu	ublicly traded stoo	ck and interests in incorpo	orated and unincorporated b	usinesses, including an interest in	an LLC, partnership, and
	No No	enture				
		Give specific infor	mation about them Name of entity:		% of ownership:	
20.	Negoti	<i>iable instrument</i> s in	clude personal checks, cas	tiable and non-negotiable in hiers' checks, promissory note nsfer to someone by signing o	s, and money orders.	
	■ No □ Yes.	Give specific inforn	nation about them Issuer name:			
21.		ment or pension a ples: Interests in IR.		03(b), thrift savings accounts,	or other pension or profit-sharing pla	าร
	■ No					
	☐ Yes.	List each account s	separately. Type of account:	Institution name:		
22.	Your s		deposits you have made so	that you may continue service public utilities (electric, gas, wa	or use from a company ster), telecommunications companies	, or others
	■ No □ Yes.			Institution name or indiv	ridual:	
23.	_	ies (A contract for	a periodic payment of mone	y to you, either for life or for a	number of years)	
	■ No □ Yes	lssu	er name and description.			
			IRA, in an account in a qu 9A(b), and 529(b)(1).	ualified ABLE program, or ur	nder a qualified state tuition progra	ım.
	☐ Yes	Insti	tution name and description	n. Separately file the records of	any interests.11 U.S.C. § 521(c):	
	Trusts, ■ No	, equitable or futu	re interests in property (o	ther than anything listed in li	ne 1), and rights or powers exerci	sable for your benefit
	☐ Yes.	Give specific infor	mation about them			
26.				d other intellectual property ds from royalties and licensing		
	■ No □ Yes.	Give specific infor	mation about them			
	Examp		d other general intangible ts, exclusive licenses, coop		quor licenses, professional licenses	
	■ No □ Yes.	Give specific infor	mation about them			
		property owed to				Current value of the
	, 0.		,			portion you own? Do not deduct secured claims or exemptions.

	ebtor 1 ebtor 2	Christopher E. Quinones Sonia I. Quinones	Case number (if known)					
28.	Tax ref	funds owed to you						
	■ No □ Yes.	Give specific information about them, including whether you already filed the	e returns and the tax years					
	Examp	support bles: Past due or lump sum alimony, spousal support, child support, maintend Give specific information	ance, divorce settlement, property s	ettlement				
	Examp ■ No	amounts someone owes you bles: Unpaid wages, disability insurance payments, disability benefits, sick pa benefits; unpaid loans you made to someone else Give specific information	ay, vacation pay, workers' compens	ation, Social Security				
J1.	_Examp	erests in insurance policies camples: Health, disability, or life insurance; health savings account (HSA); credit, homeowner's, or renter's insurance						
	■ No □ Yes.	Name the insurance company of each policy and list its value. Company name:	Beneficiary:	Surrender or refund value:				
	If you a someo	terest in property that is due you from someone who has died are the beneficiary of a living trust, expect proceeds from a life insurance polone has died. Give specific information	icy, or are currently entitled to receiv	ve property because				
33.	Examp ■ No	against third parties, whether or not you have filed a lawsuit or made a ples: Accidents, employment disputes, insurance claims, or rights to sue Describe each claim	a demand for payment					
	■ No	contingent and unliquidated claims of every nature, including counterc	aims of the debtor and rights to s	et off claims				
		nancial assets you did not already list						
00.	■ No	ianola access you are not anotaly not						
	☐ Yes.	Give specific information						
36		the dollar value of all of your entries from Part 4, including any entries fart 4. Write that number here		\$0.00				
Pa	rt 5: De	scribe Any Business-Related Property You Own or Have an Interest In. List any re	eal estate in Part 1.					
37.	Do you o	own or have any legal or equitable interest in any business-related property?						
١	No. Go	to Part 6.						
I	☐ Yes. G	Go to line 38.						
Pa		scribe Any Farm- and Commercial Fishing-Related Property You Own or Have an ou own or have an interest in farmland, list it in Part 1.	Interest In.					
46.	Do you	ı own or have any legal or equitable interest in any farm- or commercial	fishing-related property?					
	_ `	Go to Part 7.	- · · ·					
	☐ Yes	. Go to line 47.						
Pa	rt 7:	Describe All Property You Own or Have an Interest in That You Did Not List Ab	ove					

Part 7: Describe All Property You Own or Have an Interest in That You Did Not List Above

Debt Debt		Christopher E. Quinones Sonia I. Quinones			Case number (if known)	
DCDI	.01 2	Soma i. Quinones				
	Examp	have other property of any kind you did not already les: Season tickets, country club membership	/ list?			
_	No					
	I Yes. (Give specific information				
54.	Add th	ne dollar value of all of your entries from Part 7. Wri	te that r	number here		\$0.00
Part 8	8:	List the Totals of Each Part of this Form				
55.	Part 1	: Total real estate, line 2				\$122,500.00
56.	Part 2	: Total vehicles, line 5		\$66,700.00		
57.	Part 3	: Total personal and household items, line 15		\$0.00		
58.	Part 4	: Total financial assets, line 36		\$0.00		
59.	Part 5	: Total business-related property, line 45		\$0.00		
60.	Part 6	: Total farm- and fishing-related property, line 52		\$0.00		
61.	Part 7	: Total other property not listed, line 54	+	\$0.00		
62.	Total	personal property. Add lines 56 through 61		\$66,700.00	Copy personal property total	\$66,700.00

Official Form 106A/B Schedule A/B: Property page 7 Best Case Bankruptcy

63. Total of all property on Schedule A/B. Add line 55 + line 62

\$189,200.00

Fill in this inform	ation to identify your					
Debtor 1	Christopher E. Qu					
	First Name	Middle Name	Last Name			
Debtor 2 Sonia I. Quinones						
(Spouse if, filing)	First Name	Middle Name	Last Name			
United States Ban	kruptcy Court for the:	NORTHERN DISTRICT	OF OHIO			
Case number						
(if known)					☐ Check if this is an amended filing	
					amended filing	

Official Form 106C

Schedule C: The Property You Claim as Exempt

4/19

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on Schedule A/B: Property (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of Part 2. Additional Page as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

Pa	rt 1: Identify the Property You Claim as E	xempt							
1.	Which set of exemptions are you claiming	? Check one only, eve	n if yo	our spouse is filing with you.					
	■ You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)								
	☐ You are claiming federal exemptions. 11 l	J.S.C. § 522(b)(2)							
2.	For any property you list on Schedule A/B that you claim as exempt, fill in the information below.								
	Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own	Amo	ount of the exemption you claim	Specific laws that allow exemption				
		Copy the value from Schedule A/B	Che	eck only one box for each exemption.					
	8979 State Route 700 Ravenna, OH	\$122,500.00		\$0.00	Ohio Rev. Code Ann. §				
	44266 Portage County Family residence Parcel # 18-055-00-00-042-002 Line from Schedule A/B: 1.1			100% of fair market value, up to any applicable statutory limit	2329.66(A)(1)				
	2000 Sterling ST9 1,000,000.00 miles VIN # 2FWYSXB0YAG13393	\$2,000.00		\$2,000.00	Ohio Rev. Code Ann. § - 2329.66(A)(2)				
	Line from Schedule A/B: 3.1			100% of fair market value, up to any applicable statutory limit	2323.00(A)(2)				
	2013 Clement Starlite - Air Trailer VIN# 5C2BB38BXDM008360	\$8,000.00		\$0.00	Ohio Rev. Code Ann. § 2329.66(A)(2)				
	Line from Schedule A/B: 3.2			100% of fair market value, up to any applicable statutory limit	2020.00(A)(2)				
	2015 Jeep Grand Cherokee 10,000 miles	\$18,000.00		\$6,000.00	Ohio Rev. Code Ann. §				
	Huntington Natl. Bank, PO Box			100% of fair market value, up to	2329.66(A)(2)				

Official Form 106C

Schedule C: The Property You Claim as Exempt

page 1 of 2

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18519, Columbus, OH 43218-2519

VIN # 1C4RJFBG9FC166302 Line from Schedule A/B: 3.5

Acct # 20048236900

Best Case Bankruptcy

any applicable statutory limit

Christopher E. Quinones Debtor 1 Sonia I. Quinones Case number (if known) Debtor 2 Brief description of the property and line on Current value of the Amount of the exemption you claim Specific laws that allow exemption Schedule A/B that lists this property portion you own Copy the value from Check only one box for each exemption. Schedule A/B 1981 Dodge B25 Ohio Rev. Code Ann. § \$450.00 \$500.00 VIN # 2B7HB23R3BK217921 2329.66(A)(18) Line from Schedule A/B: 4.1 100% of fair market value, up to any applicable statutory limit 2008 Appalachian 20-FT. Diamond Ohio Rev. Code Ann. § \$500.00 \$500.00 2329.66(A)(18) 100% of fair market value, up to Line from Schedule A/B: 4.2 any applicable statutory limit 1976 Chevrolet K20 Ohio Rev. Code Ann. § \$500.00 \$500.00 VIN # CKL246J153348 2329.66(A)(18) Line from Schedule A/B: 4.3 100% of fair market value, up to any applicable statutory limit 1989 Chevrolet V15 Ohio Rev. Code Ann. § \$1,000.00 \$1,000.00 VIN # 1GNEV16K6KF182705 2329.66(A)(18) Line from Schedule A/B: 4.4 100% of fair market value, up to any applicable statutory limit **1989 GMC VSU** Ohio Rev. Code Ann. § \$200.00 \$200.00 2329.66(A)(18) Rebuilt VIN # 1GKEV16KXKF513153 100% of fair market value, up to any applicable statutory limit Line from Schedule A/B: 4.5

3.	•	claiming a homestead exemption of more than \$170,350? to adjustment on 4/01/22 and every 3 years after that for cases filed on or after the date of adjustment.)
	No	
	Yes.	Did you acquire the property covered by the exemption within 1,215 days before you filed this case?
		No
		Yes

Fill in this infor	mation to identify yo	ur case:			
Debtor 1	Christopher E.	Quinones			
	First Name	Middle Name Last Name		-	
Debtor 2 (Spouse if, filing)	Sonia I. Quinor	Middle Name Last Name		-	
United States B	ankruptcy Court for the	NORTHERN DISTRICT OF OHIO		_	
Case number				<u> </u>	c if this is an
Official For	m 106D			ameno	ded filing
		s Who Have Claims Secured	d by Propert	:y	12/15
	ne Additional Page, fill it	If two married people are filing together, both are eq out, number the entries, and attach it to this form. O			
1. Do any creditor	s have claims secured b	by your property?			
☐ No. Ched	ck this box and submit	this form to the court with your other schedules. Yo	ou have nothing else	to report on this form.	
_	in all of the information	ŕ	ŭ	·	
		below.			
	All Secured Claims		Column A	Column B	Column C
for each claim. If	more than one creditor ha	more than one secured claim, list the creditor separately s a particular claim, list the other creditors in Part 2. As tical order according to the creditor's name.	Amount of claim Do not deduct the value of collateral.	Value of collateral that supports this claim	Unsecured portion If any
2.1 Home Po	oint Financial	Describe the property that secures the claim:	\$124,759.71	\$122,500.00	\$2,259.71
Creditor's Nar	me	Residence for real estate 8979 State Rte. 700, Ravenna OH 44266			
P.O. Box Dallas, T	619063 X 75261-9063	Parcel # 18-055-00-00-042-002 As of the date you file, the claim is: Check all that apply. Contingent			
Number, Stree	et, City, State & Zip Code	☐ Unliquidated			
Who owes the d	lebt? Check one.	☐ Disputed Nature of lien. Check all that apply.			
☐ Debtor 1 only ☐ Debtor 2 only		An agreement you made (such as mortgage or sec car loan)	cured		
■ Debtor 1 and [Debtor 2 only	☐ Statutory lien (such as tax lien, mechanic's lien)			
_	the debtors and another	☐ Judgment lien from a lawsuit			
☐ Check if this	claim relates to a	☐ Other (including a right to offset)			

Official Form 106D

community debt

Date debt was incurred 2018

Schedule D: Creditors Who Have Claims Secured by Property

Last 4 digits of account number 2489

page 1 of 2

Debtor 1 Christopher E. Quinone First Name Middle No. Debtor 2 Sonia I. Quinones First Name Middle No.	ame Last Name	Case number (if known)				
2.2 Huntington Natl. Bank	Describe the property that secures the claim:	\$16,915.52	\$18,000.00	\$0.00		
Creditor's Name	2015 Jeep Cherokee VIN # 1C4RJFBG9FC166302	<u>Ψ10,313.32</u>	<u>Ψ10,000.00</u>	ψυ.υυ		
PO Box 182519 Columbus, OH 43218-2519	As of the date you file, the claim is: Check all that apply. Contingent					
Number, Street, City, State & Zip Code	☐ Unliquidated ☐ Disputed					
Who owes the debt? Check one.	Nature of lien. Check all that apply.					
☐ Debtor 1 only ☐ Debtor 2 only	An agreement you made (such as mortgage or sec car loan)	cured				
■ Debtor 1 and Debtor 2 only	☐ Statutory lien (such as tax lien, mechanic's lien)					
☐ At least one of the debtors and another☐ Check if this claim relates to a community debt	☐ Judgment lien from a lawsuit ☐ Other (including a right to offset)					
Date debt was incurred 12/12/2015	Last 4 digits of account number 6900					
2.3 Trans Lease, Inc.	Describe the property that secures the claim:	\$31,878.08	\$31,000.00	\$878.08		
Creditor's Name	2016 Mac Trailer VIN # 5MADN4021GC031500					
1400 W. 62nd Avenue Denver, CO 80221	As of the date you file, the claim is: Check all that apply. ☐ Contingent					
Number, Street, City, State & Zip Code	☐ Unliquidated					
Who owes the debt? Check one.	☐ Disputed Nature of lien. Check all that apply.					
■ Debtor 1 only □ Debtor 2 only	An agreement you made (such as mortgage or sec car loan)	cured				
Debtor 1 and Debtor 2 only At least one of the debtors and another	☐ Statutory lien (such as tax lien, mechanic's lien) ☐ Judgment lien from a lawsuit					
Check if this claim relates to a community debt	Other (including a right to offset)					
Date debt was incurred 02/19/2016	Last 4 digits of account number 8001					
Add the dollar value of your entries in C If this is the last page of your form, add Write that number here:	olumn A on this page. Write that number here: the dollar value totals from all pages.	\$173,553.31 \$173,553.31				

Part 2: List Others to Be Notified for a Debt That You Already Listed

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

Official Form 106D

Additional Page of Schedule D: Creditors Who Have Claims Secured by Property

page 2 of 2

Fill in t	his informa	ation to identify your c	ase:						
Debtor	1	Christopher E. Qu	inones						
		First Name	Middle Na	ame	Last Name				
Debtor		Sonia I. Quinones							
(Spouse if	f, filing)	First Name	Middle Na	ame	Last Name				
United \$	States Bank	cruptcy Court for the:	NORTHERN	I DISTRICT OF	OHIO				
Case ni	umbor								
(if known)				_				П	Check if this is an
								_	amended filing
o	. –	4005/5							
		106E/F							4044
		F: Creditors W							12/15 aims. List the other party to
Schedule left. Attac	D: Creditor the Conti d case numb		ired by Propert e. If you have n	ty. If more space to information to	is needed, copy	the Part you n	need, fill it out, i	number the e	ns that are listed in entries in the boxes on the ditional pages, write your
1. Do a		s have priority unsecured							
	No. Go to Par	t 2.							
Part 2:	List All	of Your NONPRIORIT	Y Unsecured	Claims					
3. Do a	any creditors	s have nonpriority unsec	ured claims ag	ainst you?					
	No. You have	nothing to report in this pa	art. Submit this f	orm to the court v	vith your other sch	nedules.			
		5 1 1			,				
unse	ecured claim, one creditor	conpriority unsecured cla list the creditor separately holds a particular claim, list	for each claim.	For each claim lis	sted, identify what	type of claim it	is. Do not list cla	aims already i	ncluded in Part 1. If more
									Total claim
4.1	Barclays			Last 4 digits of	account number	2693			\$5,648.42
		Creditor's Name							
	PO Box 1	3337 phia, PA 19101-3337		When was the d	lebt incurred?				
-		eet City State Zip Code		As of the date y	ou file, the claim	is: Check all th	nat apply		
	Who incurre	ed the debt? Check one.			•		11.7		
	Debtor 1	only		☐ Contingent					
	Debtor 2	only		Unliquidated					
	Debtor 1	and Debtor 2 only		Disputed					
	☐ At least of	one of the debtors and and	ther		IORITY unsecure	ed claim:			
	_	this claim is for a comn		☐ Student loans	5				
	debt	subject to offset?	•	Obligations areport as priority	rising out of a sep	aration agreem	ent or divorce th	at you did no	t
	No No	Subject to offset!			ciaims sion or profit-shari	ng plans, and o	ther similar debt	s	
	☐ Yes			Other Specific	у				
				Outer Opecin	,				_

Schedule E/F: Creditors Who Have Unsecured Claims

Page 1 of 12

	1 Christopher E. Quinones 2 Sonia I. Quinones	Case number (if known)	
4.2	BMO Harris Bank NA	Last 4 digits of account number 5407	\$107,838.80
4.3	Nonpriority Creditor's Name PO Box 74897 Chicago, IL 60694-4897	When was the debt incurred?	
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
	Debtor 1 only	☐ Contingent	
	Debtor 2 only	☐ Unliquidated	
	■ Debtor 1 and Debtor 2 only	☐ Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt Is the claim subject to offset?	\square Obligations arising out of a separation agreement or divorce that you did report as priority claims	iot
	■ No	\square Debts to pension or profit-sharing plans, and other similar debts	
	Yes	■ Other. Specify	
4.3	Capital One - Quick Silver Nonpriority Creditor's Name	Last 4 digits of account number 8838	\$5,102.55
	PO Box 6492 Carol Stream, IL 60197-6492	When was the debt incurred?	
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
	Debtor 1 only	☐ Contingent	
	Debtor 2 only	☐ Unliquidated	
	■ Debtor 1 and Debtor 2 only	☐ Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt Is the claim subject to offset?	$\hfill \Box$ Obligations arising out of a separation agreement or divorce that you did report as priority claims	iot
	■ No	\square Debts to pension or profit-sharing plans, and other similar debts	
	Yes	Other. Specify	
4.4	Capital One - Venture One Nonpriority Creditor's Name	Last 4 digits of account number 0755	\$3,711.87
	PO Box 6492 Carol Stream, IL 60197-6492	When was the debt incurred?	<u>—</u>
-	Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.		
	Debtor 1 only	☐ Contingent	
	Debtor 2 only	☐ Unliquidated	
	■ Debtor 1 and Debtor 2 only	☐ Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt	Obligations arising out of a separation agreement or divorce that you did r	iot
	Is the claim subject to offset?	report as priority claims Debts to pension or profit-sharing plans, and other similar debts	
	■ No	_	
	Yes	Other. Specify	

Schedule E/F: Creditors Who Have Unsecured Claims

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Debtor 1 Christopher E. Quinones Debtor 2 Sonia I. Quinones Case number (if known) 4.5 \$4,981.69 **Capital One Mastercard** Last 4 digits of account number 7689 Nonpriority Creditor's Name PO Box 6492 When was the debt incurred? Carol Stream, IL 60197-6492 Number Street City State Zip Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated ■ Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims Debts to pension or profit-sharing plans, and other similar debts ■ No ☐ Yes Other. Specify 4.6 **Capital One Platinum Mastercard** Last 4 digits of account number 7515 \$2,810.36 Nonpriority Creditor's Name When was the debt incurred? PO Box 6492 Carol Stream, IL 60197-6492 Number Street City State Zip Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ☐ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated ■ Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: \square At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ☐ Debts to pension or profit-sharing plans, and other similar debts ■ No ☐ Yes Other. Specify **Capital One Quicksilver** 4.7 Last 4 digits of account number 6777 \$9,966.57 Nonpriority Creditor's Name PO Box 6492 When was the debt incurred? Carol Stream, IL 60197-6492 Number Street City State Zip Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated ■ Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community ☐ Obligations arising out of a separation agreement or divorce that you did not

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■ No

☐ Yes

Schedule E/F: Creditors Who Have Unsecured Claims

report as priority claims

Other. Specify

☐ Debts to pension or profit-sharing plans, and other similar debts

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Is the claim subject to offset?

	Christopher E. Quinones Sonia I. Quinones		ase number (if known)		
4.8	Caterpillar Financial	Last 4 digits of account number	5075	\$2,045.26	
	Nonpriority Creditor's Name PO Box 6403 Sioux Falls, SD 57117-6403	When was the debt incurred?			
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim is:			
	☐ Debtor 1 only	☐ Contingent			
	☐ Debtor 2 only	☐ Unliquidated			
	■ Debtor 1 and Debtor 2 only	☐ Disputed			
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	claim:		
	☐ Check if this claim is for a community	☐ Student loans			
	debt Is the claim subject to offset?	☐ Obligations arising out of a separareport as priority claims	ation agreement or divorce that you did not		
	■ No	☐ Debts to pension or profit-sharing	plans, and other similar debts		
	Yes	Other. Specify			
4.9	Cleveland Clinic Nonpriority Creditor's Name	Last 4 digits of account number	6873	\$533.00	
	PO Box 89410 Cleveland, OH 44101-6410	When was the debt incurred?			
	Number Street City State Zip Code	As of the date you file, the claim is:	: Check all that apply		
	Who incurred the debt? Check one.				
	Debtor 1 only	☐ Contingent			
	Debtor 2 only	☐ Unliquidated			
	■ Debtor 1 and Debtor 2 only	☐ Disputed			
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured of			
	Check if this claim is for a community	☐ Student loans			
	debt Is the claim subject to offset?	Obligations arising out of a separa report as priority claims			
	■ No	☐ Debts to pension or profit-sharing			
	☐ Yes	Other. Specify			
4.1	Cleveland Clinic Laboratories		9955	\$157.00	
0	Nonpriority Creditor's Name	Last 4 digits of account number		φ137.00	
	PO Box 74222	When was the debt incurred?			
,	Cleveland, OH 44194-4222 Number Street City State Zip Code				
	Who incurred the debt? Check one.	As of the date you file, the claim is:			
	Debtor 1 only	Пол			
	Debtor 2 only	☐ Contingent			
	■ Debtor 1 and Debtor 2 only	☐ Unliquidated			
		☐ Disputed Type of NONPRIORITY unsecured (claim:		
	☐ At least one of the debtors and another ☐ Check if this claim is for a community	Student loans			
	debt Is the claim subject to offset?	_	ation agreement or divorce that you did not		
	■ No	☐ Debts to pension or profit-sharing	plans, and other similar debts		
	□Yes	Other. Specify			

Schedule E/F: Creditors Who Have Unsecured Claims

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	Christopher E. Quinones Sonia I. Quinones	Case number (if known)	
4.1	Comenity - Ann Taylor	Last 4 digits of account number 2049	\$3,059.14
	Nonpriority Creditor's Name PO Box 659450 San Antonio, TX 78265-9450	When was the debt incurred?	
Ī	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
!	Debtor 1 only	☐ Contingent	
1	Debtor 2 only	☐ Unliquidated	
	■ Debtor 1 and Debtor 2 only	☐ Disputed	
1	At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt Is the claim subject to offset?	Dobligations arising out of a separation agreement or divorce that you did not report as priority claims	
	■ No	□ Debts to pension or profit-sharing plans, and other similar debts	
	□ Yes	■ Other. Specify	
		— Other. Opening	
4.1	Comenity - Williams Sonoma	Last 4 digits of account number 7725	\$194.12
I	Nonpriority Creditor's Name PO Box 659450 San Antonio, TX 78265-9450	When was the debt incurred?	
	Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.		
	Debtor 1 only	☐ Contingent	
	Debtor 2 only	☐ Unliquidated	
	Debtor 1 and Debtor 2 only	☐ Disputed	
1	At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt Is the claim subject to offset?	Dobligations arising out of a separation agreement or divorce that you did not report as priority claims	
1	No	☐ Debts to pension or profit-sharing plans, and other similar debts	
I	□ Yes	Other. Specify	
	Dental Works	Last 4 digits of account number 6874	\$63.00
	Nonpriority Creditor's Name PO Box 64-3005 Cincinnati, OH 45264-3005	When was the debt incurred?	
Ī	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
	Debtor 1 only	☐ Contingent	
	Debtor 2 only	☐ Unliquidated	
	■ Debtor 1 and Debtor 2 only	☐ Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt Is the claim subject to offset?	Dobligations arising out of a separation agreement or divorce that you did not report as priority claims	
	No	□ Debts to pension or profit-sharing plans, and other similar debts	
	■ NO □ Yes	Other Cooff.	

Schedule E/F: Creditors Who Have Unsecured Claims

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	1 Christopher E. Quinones 2 Sonia I. Quinones	Case number (if known)	
4.1	Dental Works	Last 4 digits of account number 6874	\$108.00
	Nonpriority Creditor's Name PO Box 64-3005 Cincinnati, OH 45264-3005	When was the debt incurred?	
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
	Debtor 1 only	-	
	Debtor 2 only	Contingent	
	_	Unliquidated	
	Debtor 1 and Debtor 2 only	☐ Disputed	
	At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	Check if this claim is for a community debt	☐ Student loans ☐ Obligations arising out of a separation agreement or divorce that you did not	
	Is the claim subject to offset?	report as priority claims	
	No	☐ Debts to pension or profit-sharing plans, and other similar debts	
	Yes	Other. Specify	
4.1 5	Goodyear Commercial Tire & Service	Last 4 digits of account number 0001	\$2,745.84
	Nonpriority Creditor's Name 7230 Northfield Road Bedford, OH 44146	When was the debt incurred?	
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
	☐ Debtor 1 only	☐ Contingent	
	☐ Debtor 2 only	□ Unliquidated	
	■ Debtor 1 and Debtor 2 only	☐ Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt Is the claim subject to offset?	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	No	☐ Debts to pension or profit-sharing plans, and other similar debts	
	Yes	Other. Specify	
4.1 6	Home Depot	Last 4 digits of account number 5334	\$374.59
	Nonpriority Creditor's Name PO Box 790328 Saint Louis, MO 63179	When was the debt incurred?	
	Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.		
	Debtor 1 only	☐ Contingent	
	☐ Debtor 2 only	☐ Unliquidated	
	■ Debtor 1 and Debtor 2 only	☐ Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt Is the claim subject to offset?	\square Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	■ No	lacktriangle Debts to pension or profit-sharing plans, and other similar debts	
	Yes	Other. Specify	

Schedule E/F: Creditors Who Have Unsecured Claims

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	or 1 Christopher E. Quinones Sonia I. Quinones	Case number (if known)	
4.1 7	Macy's American Express	Last 4 digits of account number 6405	\$4,102.71
	Nonpriority Creditor's Name PO Box 9001108	When was the debt incurred?	
	Louisville, KY 40290-1108 Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
	Debtor 1 only	☐ Contingent	
	☐ Debtor 2 only	☐ Unliquidated	
	■ Debtor 1 and Debtor 2 only	☐ Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt Is the claim subject to offset?	Dobligations arising out of a separation agreement or divorce that you did not report as priority claims	
	■ No	☐ Debts to pension or profit-sharing plans, and other similar debts	
	Yes	Other. Specify	
4.1 8	Marvel MC/SYNCB Nonpriority Creditor's Name	Last 4 digits of account number 2294	\$1,027.63
	PO Box 530939 Atlanta, GA 30353-0939	When was the debt incurred?	
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
	Debtor 1 only	☐ Contingent	
	☐ Debtor 2 only	☐ Unliquidated	
	■ Debtor 1 and Debtor 2 only	□ Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt Is the claim subject to offset?	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	■ No	\square Debts to pension or profit-sharing plans, and other similar debts	
	Yes	Other. Specify	
4.1 9	Medical Mutual	Last 4 digits of account number 7000	\$280.86
	Nonpriority Creditor's Name PO Box 932627 Cleveland, OH 44193-2627	When was the debt incurred?	
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
	☐ Debtor 1 only	☐ Contingent	
	Debtor 2 only	□ Unliquidated	
	■ Debtor 1 and Debtor 2 only	☐ Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community debt	☐ Student loans ☐ Obligations arising out of a separation agreement or divorce that you did not	
	Is the claim subject to offset?	report as priority claims	
	■ No	\square Debts to pension or profit-sharing plans, and other similar debts	
	Yes	Other. Specify	

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Debto	Christopher E. Quinones Sonia I. Quinones	Case number (if known)	
1.2	Nationwide Children's Hospital	Last 4 digits of account number 8171	\$60.00
	Nonpriority Creditor's Name		
	PO Box 78000	When was the debt incurred?	
	Detroit, MI 48278-1117 Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.	As of the date you me, the damins. Oneck an that apply	
	☐ Debtor 1 only	☐ Contingent	
	Debtor 2 only	☐ Unliquidated	
	■ Debtor 1 and Debtor 2 only	☐ Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	<u> </u>	☐ Student loans	
	☐ Check if this claim is for a community debt	☐ Obligations arising out of a separation agreement or divorce that you did not	
	Is the claim subject to offset?	report as priority claims	
	No	☐ Debts to pension or profit-sharing plans, and other similar debts	
	Yes	■ Other. Specify Guarantor # 701456919	
4.2	Nordstroms	Last 4 digits of account number 8561	\$4,679.13
1	Nonpriority Creditor's Name	Last 4 digits of account number 8561	\$4,079.13
	PO Box 13589	When was the debt incurred?	
	Scottsdale, AZ 85267		
	Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.	_	
	☐ Debtor 1 only	Contingent	
	Debtor 2 only	☐ Unliquidated	
	■ Debtor 1 and Debtor 2 only	☐ Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	Student loans	
	debt Is the claim subject to offset?	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	No	☐ Debts to pension or profit-sharing plans, and other similar debts	
		_	
	Yes	Other. Specify	
4.2	Saks Fifth Avenue	Last 4 digits of account number 2363	\$856.89
	Nonpriority Creditor's Name		
	PO Box 5224	When was the debt incurred?	
	Carol Stream, IL 60197-5224 Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.	7.6 or and taile you me, and oranni io. Onlook air that apply	
	☐ Debtor 1 only	☐ Contingent	
	Debtor 2 only	☐ Unliquidated	
	■ Debtor 1 and Debtor 2 only	☐ Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	_	☐ Student loans	
	☐ Check if this claim is for a community debt	☐ Obligations arising out of a separation agreement or divorce that you did not	
	Is the claim subject to offset?	report as priority claims	
	No	☐ Debts to pension or profit-sharing plans, and other similar debts	

☐ Yes

Schedule E/F: Creditors Who Have Unsecured Claims

Other. Specify _

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	r1 Christopher E. Quinones r2 Sonia I. Quinones	Case number (if known)	
4.2	Sears	Last 4 digits of account number 1024	\$681.71
<u> </u>	Nonpriority Creditor's Name PO Box 6283	When was the debt incurred?	
	Sioux Falls, SD 57117-6283		
	Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.		
	Debtor 1 only	☐ Contingent	
	Debtor 2 only	☐ Unliquidated	
	■ Debtor 1 and Debtor 2 only	☐ Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	■ No	☐ Debts to pension or profit-sharing plans, and other similar debts	
	Yes	■ Other. Specify	
42			
4.2 4	Synchrony Bank - Care Credit	Last 4 digits of account number 9057	\$1,915.97
	Nonpriority Creditor's Name PO Box 960061	When was the debt incurred?	
	Orlando, FL 32896-0061 Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
	Debtor 1 only		
	Debtor 2 only	Contingent	
		Unliquidated	
	Debtor 1 and Debtor 2 only	Disputed	
	At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	Student loans	
	debt Is the claim subject to offset?	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	No	Debts to pension or profit-sharing plans, and other similar debts	
	Yes	Other. Specify	
4.2	Synchrony Bank/ JCP	Last 4 digits of account number 3831	\$476.94
5	Nonpriority Creditor's Name		•
	PO Box 960090 Orlando, FL 32896-0090	When was the debt incurred?	
	Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.		
	Debtor 1 only	☐ Contingent	
	Debtor 2 only	☐ Unliquidated	
	■ Debtor 1 and Debtor 2 only	☐ Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt	☐ Obligations arising out of a separation agreement or divorce that you did not	
	Is the claim subject to offset?	report as priority claims	
	No	Debts to pension or profit-sharing plans, and other similar debts	
	☐ Yes	Other. Specify	

Schedule E/F: Creditors Who Have Unsecured Claims

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	or 1 Christopher E. Quinones Sonia I. Quinones	Case number (if known)	
4.2 6	Synchrony Bank/Amazon	Last 4 digits of account number 7647	\$2,462.64
	Nonpriority Creditor's Name		
	PO Box 960013	When was the debt incurred?	
	Orlando, FL 32896-0013 Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.	,	
	Debtor 1 only	☐ Contingent	
	Debtor 2 only	□ Unliquidated	
	■ Debtor 1 and Debtor 2 only	Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt Is the claim subject to offset?	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	■ No	Debts to pension or profit-sharing plans, and other similar debts	
	Yes	Other. Specify	
4.2 7	Synchrony Bank/Lowes	Last 4 digits of account number 7318	\$4,159.84
	Nonpriority Creditor's Name PO Box 530914 Atlanta, GA 30353-0914	When was the debt incurred?	
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
	Debtor 1 only	☐ Contingent	
	Debtor 2 only	□ Unliquidated	
	■ Debtor 1 and Debtor 2 only	□ Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt	☐ Obligations arising out of a separation agreement or divorce that you did not	
	Is the claim subject to offset?	report as priority claims	
	■ No	Debts to pension or profit-sharing plans, and other similar debts	
	Yes	Other. Specify	
4.2 8	Target Card Services	Last 4 digits of account number 4073	\$1,900.02
	Nonpriority Creditor's Name PO Box 660170	When was the debt incurred?	
	Dallas, TX 75266-0170 Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.	,	
	Debtor 1 only	☐ Contingent	
	Debtor 2 only	☐ Unliquidated	
	■ Debtor 1 and Debtor 2 only	☐ Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt	☐ Obligations arising out of a separation agreement or divorce that you did not	
	Is the claim subject to offset?	report as priority claims	
	■ No	\square Debts to pension or profit-sharing plans, and other similar debts	
	Yes	Other. Specify	

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	Sonia I. Quinones	Case number (if known)	
4.2 9	TJX Rewards	Last 4 digits of account number 2028	\$1,908.11
	Nonpriority Creditor's Name PO Box 530949	When was the debt incurred?	
	Atlanta, GA 30349-0949 Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one. ☐ Debtor 1 only	По и	
	Debtor 2 only	Contingent	
	■ Debtor 1 and Debtor 2 only	☐ Unliquidated ☐ Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	■ No	☐ Debts to pension or profit-sharing plans, and other similar debts	
	Yes	Other. Specify	
4.3	Universal Premium Fleetcor	Last 4 digits of account number 1022	\$3,800.00
	Nonpriority Creditor's Name PO Box 923928 Norcross, GA 30010	When was the debt incurred?	
	Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.		
	☐ Debtor 1 only	☐ Contingent	
	☐ Debtor 2 only	☐ Unliquidated	
	■ Debtor 1 and Debtor 2 only	☐ Disputed	
	\square At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	Student loans	
	debt Is the claim subject to offset?	 Obligations arising out of a separation agreement or divorce that you did not report as priority claims 	
	■ No	Debts to pension or profit-sharing plans, and other similar debts	
	Yes	Other. Specify	
4.3 1	Walmart/Synchrony Bank	Last 4 digits of account number 8729	\$3,108.70
	Nonpriority Creditor's Name PO Box 530927	When was the debt incurred?	
	Atlanta, GA 30353-0927 Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.	As of the date you me, the stann is. Officer all that apply	
	☐ Debtor 1 only	☐ Contingent	
	☐ Debtor 2 only	□ Unliquidated	
	■ Debtor 1 and Debtor 2 only	□ Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt Is the claim subject to offset?	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	■ No	☐ Debts to pension or profit-sharing plans, and other similar debts	
	☐ Yes	Other. Specify	

Part 3: List Others to Be Notified About a Debt That You Already Listed

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^{5.} Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

				Total Claim
	6a.	Domestic support obligations	6a.	\$ 0.00
Total				<u> </u>
claims from Part 1	6b.	Taxes and certain other debts you owe the government	6b.	\$ 0.00
	6c.	Claims for death or personal injury while you were intoxicated	6c.	\$ 0.00
	6d.	Other. Add all other priority unsecured claims. Write that amount here.	6d.	\$ 0.00
	6e.	Total Priority. Add lines 6a through 6d.	6e.	\$ 0.00
		·		
				Total Claim
	6f.	Student loans	6f.	\$ 0.00
Total				
claims from Part 2	6g.	Obligations arising out of a separation agreement or divorce that		0.00
		you did not report as priority claims	6g.	\$ 0.00
	6h.	Debts to pension or profit-sharing plans, and other similar debts	6h.	\$ 0.00
	6i.	Other. Add all other nonpriority unsecured claims. Write that amount here.	6i.	\$ 180,761.36
	6j.	Total Nonpriority. Add lines 6f through 6i.	6j.	\$ 180,761.36

Official Form 106 E/F

Fill in this inforn	Fill in this information to identify your case:							
Debtor 1	Christopher E. Q	uinones						
	First Name	Middle Name	Last Name					
Debtor 2	Sonia I. Quinones	3						
(Spouse if, filing)	First Name	Middle Name	Last Name					
United States Bar	nkruptcy Court for the:	NORTHERN DISTRICT	OF OHIO					
Case number								
(if known)					Check if this is a	an		
					amended filing			

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
 - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
 - Tyes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

F	Person or	company with Name, Number	whom you have th r, Street, City, State and ZIF	e contract or lease	State what the contract or lease is for
.1					
	Name				
	Number	Street			_
	City		State	ZIP Code	_
.2					
	Name				
	Number	Street			<u> </u>
	City		State	ZIP Code	<u> </u>
2.3	,				
	Name				
	Number	Street			<u> </u>
	City		State	ZIP Code	_
2.4	,				
	Name				_
	Number	Street			<u> </u>
	City		State	ZIP Code	<u> </u>
2.5	City		Olalo	ZII OOGC	
-	Name				
	Number	Street			<u> </u>
	City		State	ZIP Code	<u> </u>

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

Page 1 of 1

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Fill in this	information to identify your	case.		
Debtor 1	Christopher E. Q			
Debior 1	First Name	Middle Name	Last Name	
Debtor 2	Sonia I. Quinone			
(Spouse if, filin	ng) First Name	Middle Name	Last Name	
United Stat	tes Bankruptcy Court for the:	NORTHERN DISTRICT	r of ohio	
Case numb	per			
(if known)				☐ Check if this is an
				amended filing
Official	Form 106H			
	ule H: Your Cod	ehtors		12/15
Jonea	dic II. Iodi ood	CDIOIS		12/13
your name	nd number the entries in the and case number (if known) you have any codebtors? (If	. Answer every question	1.	to this page. On the top of any Additional Pages, write as a codebtor.
	,	you are iming a joint case,	as not not ounce operate	, 40 4 55455.01
■ No				
☐ Yes				
Arizon:	a, California, Idaho, Louisiana			ry? (Community property states and territories include ington, and Wisconsin.)
	Go to line 3. Did your spouse, former spouse,	use, or legal equivalent liv	e with you at the time?	
in line Form	2 again as a codebtor only i	f that person is a guarar	ntor or cosigner. Make	r if your spouse is filing with you. List the person show sure you have listed the creditor on Schedule D (Officia 06G). Use Schedule D, Schedule E/F, or Schedule G to f
	Column 1: Your codebtor Name, Number, Street, City, State and Z	IP Code		Column 2: The creditor to whom you owe the debt Check all schedules that apply:
3.1				☐ Schedule D, line
	Name			☐ Schedule E/F, line
				☐ Schedule G, line
	Number Street			
	City	State	ZIP Code	
3.2				☐ Schedule D, line
	Name			☐ Schedule E/F, line
				☐ Schedule G, line
ī	Number Street			_
(City	State	ZIP Code	

Schedule H: Your Codebtors

						•								
	in this information to identify y													
	Ciniciopnia El Quintino													
	btor 2 Sonia I.	Quinones			_									
Uni	ited States Bankruptcy Court for	or the: NORTHERN DISTR	ICT OF OHIO											
_	se number					Check if this is:								
(If Kı	nown)					☐ An amende☐ ☐ A suppleme		a postpotition	chantar					
								ollowing date:						
<u>O</u>	fficial Form 106I					MM / DD/ YYYY								
S	chedule I: Your I	ncome							12/15					
Pa	use. If you are separated and the separate sheet to this form the separate sheet to the separate sheet to this form the separate sheet to the separate sheet sheet to the separate sheet she	orm. On the top of any addi												
1.	Fill in your employment information.		Debtor 1			Debtor 2	Debtor 2 or non-filing spouse							
	If you have more than one jo	bb, Employment status	☐ Employed	☐ Employed				☐ Employed						
	attach a separate page with information about additional		■ Not employed			■ Not e	■ Not employed							
	employers.	Occupation	Truck Driver											
	Include part-time, seasonal, self-employed work.	Employer's name												
	Occupation may include stude or homemaker, if it applies.	dent Employer's address												
		How long employed	there?											
Pai	rt 2: Give Details Abou	t Monthly Income												
spo If yo	imate monthly income as of use unless you are separated. ou or your non-filing spouse ha e space, attach a separate she	ve more than one employer, o	,				·	•	J					
						For Debtor 1		btor 2 or ing spouse						
2.		, salary, and commissions (httly, calculate what the month		2.	\$	0.00	\$	0.00						
3.	Estimate and list monthly	overtime pay.		3.	+\$	0.00	+\$	0.00						
4.	Calculate gross Income. A		4.	\$	0.00	\$	0.00							

Case number (if known)

						For Debtor 1				or Debtor on-filing s			
	Copy	/ line 4 here		4.	•	\$		0.00	\$		(0.00	
5.	List a	all payroll deduct	tions:										
	5a.	Tax, Medicare,	and Social Security deductions	5a.		\$		0.00	\$		(0.00	
	5b.	Mandatory cont	ributions for retirement plans	5b.		\$		0.00	\$		(0.00	
	5c.	Voluntary contr	ibutions for retirement plans	5c.		\$		0.00	\$		(0.00	
	5d.		ments of retirement fund loans	5d.		\$		0.00	\$		(0.00	
	5e.	Insurance		5e.		\$		0.00	\$			0.00	
	5f.	Domestic support	ort obligations	5f.		\$		0.00	\$			0.00	
	5g.	Union dues		5g.		\$		0.00	\$			0.00	
	5h.	Other deduction	ns. Specify:	5h.	.+	\$		0.00	+ \$		(0.00	
6.			ctions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6.		\$		0.00	\$			0.00	
7.	Calc	ulate total month	ly take-home pay. Subtract line 6 from line 4.	7.		\$		0.00	\$		(0.00	
8.	List a	Net income from profession, or for Attach a statement	ent for each property and business showing gross y and necessary business expenses, and the total	8a.		\$	2,50	0.00	\$		(0.00	
	8b.	Interest and div	idends	8b.		\$		0.00	\$		(0.00	
	8c.	regularly receiv Include alimony,	payments that you, a non-filing spouse, or a dependence spousal support, child support, maintenance, divorce property settlement.	n t 8c.		\$		0.00	\$		(0.00	
	8d.	Unemployment	compensation	8d.		\$		0.00	\$		(0.00	
	8e.	Social Security		8e.		\$		0.00	\$		(0.00	
	8f.	Include cash ass that you receive, Nutrition Assista Specify:	ent assistance that you regularly receive iistance and the value (if known) of any non-cash assistance such as food stamps (benefits under the Supplemental nce Program) or housing subsidies.	8f.		\$		0.00	\$		_	0.00	
	8g.	Pension or retir		8g.		\$		0.00	\$			0.00	
	8h.	Other monthly i	ncome. Specify:	8h.	.+	\$		0.00	+ \$			0.00	
9.	Add	all other income.	Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	9	.	2,50	0.00	\$			0.00	
10	Calc	ulate monthly inc	come. Add line 7 + line 9.	10.	\$	2	2,500.00	+ \$		0.00	= 5	\$	2,500.00
10.		-	10 for Debtor 1 and Debtor 2 or non-filing spouse.	10.	Ψ_		.,500.00	- ¹ ^Ψ -		0.00	- `	Ψ	2,300.00
	State Include other Do not Spec	e all other regular de contributions fr friends or relative ot include any amo ify:	r contributions to the expenses that you list in Schedul om an unmarried partner, members of your household, you is. Dounts already included in lines 2-10 or amounts that are no	ır depe t availa	able	e to pa	ay expens	ses list	ed ir	n <i>Schedule</i> 11.		S	0.00
12.		that amount on th	e last column of line 10 to the amount in line 11. The re ne Summary of Schedules and Statistical Summary of Certa								\$		2,500.00
13.	_ ′	•	rease or decrease within the year after you file this form	n?								mbine onthly	ed income
	_	No.											
		Yes. Explain:											

Official Form 106l Schedule I: Your Income page 2

Eill	in this informat	tion to identify yo	our case:			1				
							ak if this is:			
Christopher E. Quinones						Chec	ck if this is: An amended filing			
Debtor 2 Sonia I. Quinones								ving postpetition chapter		
(Spouse, if filing)							13 expenses as of the following date:			
Unit	United States Bankruptcy Court for the: NORTHERN DISTRICT OF OHIO MM / DD / YYYY									
1	e number									
(If ki	nown)									
Of	fficial Fo	rm 106J				•				
So	chedule	J: Your I	Exper	ises				12/15		
Be info	as complete a	and accurate as	possible. eded, atta	If two married people ch another sheet to th						
Par		ibe Your House	hold							
1.	Is this a join ☐ No. Go to									
		s Debtor 2 live i	n a separ	ate household?						
	■ No		•							
			st file Offici	al Form 106J-2, <i>Expens</i>	es for Separate House	ehold of Deb	otor 2.			
2.	Do you have	e dependents?	□ No							
	Do not list De Debtor 2.	ebtor 1 and	Yes.	Fill out this information for each dependent	Dependent's relation		Dependent's age	Does dependent live with you?		
	Do not state	the						□ No		
	dependents	names.			Son		9	■ Yes		
					Son		9	□ No ■ Yes		
								□ No		
								☐ Yes		
								□ No		
3.	Do vour exp	enses include	_	N				☐ Yes		
0.	expenses of	f people other the d your depender	han ┌	No Yes						
Par		ate Your Ongoir								
exp								pter 13 case to report f the form and fill in the		
Incl	lude expense	s paid for with r	non-cash	government assistance	e if you know					
	value of such ficial Form 10		d have inc	luded it on <i>Schedule I</i>	: Your Income		Your expe	enses		
4.		or home owners and any rent for the		ses for your residence r lot.	. Include first mortgag	e 4. \$.	921.93		
	If not includ	led in line 4:								
	4a. Real e	estate taxes				4a. \$.	0.00		
		rty, homeowner's				4b. \$		0.00		
		maintenance, re owner's associati		ipkeep expenses		4c. \$ 4d. \$		0.00 0.00		
5.				our residence, such as l	home equity loans	5. §	·	0.00		

btor 2	Christopher E. Quinones	_		
	Sonia I. Quinones	Case num	ber (if known)	
Utili	ties:			
6a.	Electricity, heat, natural gas	6a.	\$	220.00
6b.	Water, sewer, garbage collection	6b.	\$	148.00
6c.	Telephone, cell phone, Internet, satellite, and cable services	6c.	\$	200.00
6d.	Other. Specify:	6d.	\$	0.00
Foo	d and housekeeping supplies	7.	\$	1,000.00
Chil	dcare and children's education costs	8.	\$	0.00
Clot	hing, laundry, and dry cleaning	9.	\$	0.00
Pers	sonal care products and services	10.	\$	0.00
Med	lical and dental expenses	11.	\$	50.00
Trar	nsportation. Include gas, maintenance, bus or train fare.			400.00
	not include car payments.	12.	\$	100.00
	ertainment, clubs, recreation, newspapers, magazines, and books	13.	\$	0.00
Cha	ritable contributions and religious donations	14.	\$	0.00
	irance.			
	not include insurance deducted from your pay or included in lines 4 or 20.	45-	•	00.00
	Life insurance	15a.	· ·	92.00
	Health insurance	15b.	·	0.00
	Vehicle insurance	15c.	\$	165.00
	Other insurance. Specify:	15d.	>	0.00
	es. Do not include taxes deducted from your pay or included in lines 4 or 20.	16.	¢	0.00
Spe	_ ·		\$	0.00
	allment or lease payments: Car payments for Vehicle 1	17a.	\$	600.00
	Car payments for Vehicle 2	17b.	·	0.00
	Other. Specify:	17b.	\$	0.00
	Other. Specify:	17d.	· -	0.00
	r payments of alimony, maintenance, and support that you did not report a		Ψ	0.00
	ucted from your pay on line 5, <i>Schedule I, Your Income</i> (Official Form 106I)		\$	0.00
	er payments you make to support others who do not live with you.		\$	0.00
Spe		19.	· -	
	er real property expenses not included in lines 4 or 5 of this form or on Sc		our Income.	
	Mortgages on other property			
20h		20a.		0.00
	Real estate taxes		· · · · · · · · · · · · · · · · · · ·	0.00
	Real estate taxes Property, homeowner's, or renter's insurance	20b.	\$	0.00
20c.	Property, homeowner's, or renter's insurance	20b. 20c.	\$	0.00 0.00
20c. 20d.	Property, homeowner's, or renter's insurance Maintenance, repair, and upkeep expenses	20b. 20c. 20d.	\$ \$ \$	0.00 0.00 0.00
20c. 20d. 20e.	Property, homeowner's, or renter's insurance Maintenance, repair, and upkeep expenses Homeowner's association or condominium dues	20b. 20c. 20d. 20e.	\$ \$ \$ \$	0.00 0.00 0.00 0.00
20c. 20d. 20e. Oth	Property, homeowner's, or renter's insurance Maintenance, repair, and upkeep expenses Homeowner's association or condominium dues er: Specify: Student Loan	20b. 20c. 20d.	\$ \$ \$ +\$	0.00 0.00 0.00 0.00 187.83
20c. 20d. 20e. Othe Sec	Property, homeowner's, or renter's insurance Maintenance, repair, and upkeep expenses Homeowner's association or condominium dues er: Specify: Student Loan curity System ADT	20b. 20c. 20d. 20e.	\$ \$ \$ +\$ +\$	0.00 0.00 0.00 0.00 187.83 40.00
20c. 20d. 20e. Othe Sec	Property, homeowner's, or renter's insurance Maintenance, repair, and upkeep expenses Homeowner's association or condominium dues er: Specify: Student Loan eurity System ADT flix	20b. 20c. 20d. 20e.	\$ \$ \$ \$ +\$ +\$	0.00 0.00 0.00 0.00 187.83 40.00
20c. 20d. 20e. Othe Sec Net	Property, homeowner's, or renter's insurance Maintenance, repair, and upkeep expenses Homeowner's association or condominium dues er: Specify: Student Loan eurity System ADT flix palshield	20b. 20c. 20d. 20e.	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	0.00 0.00 0.00 0.00 187.83 40.00 13.00 26.00
20c. 20d. 20e. Othe Sec Net Leg Visi	Property, homeowner's, or renter's insurance Maintenance, repair, and upkeep expenses Homeowner's association or condominium dues er: Specify: Student Loan curity System ADT flix palshield ion Insurance	20b. 20c. 20d. 20e.	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	0.00 0.00 0.00 0.00 187.83 40.00 13.00 26.00 9.00
20c. 20d. 20e. Othe Sec Net Leg Visi	Property, homeowner's, or renter's insurance Maintenance, repair, and upkeep expenses Homeowner's association or condominium dues er: Specify: Student Loan eurity System ADT flix lalshield ion Insurance A Home Warranty	20b. 20c. 20d. 20e.	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	0.00 0.00 0.00 0.00 187.83 40.00 13.00 26.00 9.00 58.67
20c. 20d. 20e. Othe Sec Net Leg Visi	Property, homeowner's, or renter's insurance Maintenance, repair, and upkeep expenses Homeowner's association or condominium dues er: Specify: Student Loan curity System ADT flix palshield ion Insurance	20b. 20c. 20d. 20e.	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	0.00 0.00 0.00 0.00 187.83 40.00 13.00 26.00 9.00
20c. 20d. 20e. Otho Sec Net Leg Visi HSA	Property, homeowner's, or renter's insurance Maintenance, repair, and upkeep expenses Homeowner's association or condominium dues er: Specify: Student Loan eurity System ADT flix lalshield ion Insurance A Home Warranty	20b. 20c. 20d. 20e.	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	0.00 0.00 0.00 0.00 187.83 40.00 13.00 26.00 9.00 58.67
20c. 20d. 20e. Otho Sec Net Leg Visi HSA Ohi	Property, homeowner's, or renter's insurance Maintenance, repair, and upkeep expenses Homeowner's association or condominium dues er: Specify: Student Loan surity System ADT flix alshield ion Insurance A Home Warranty o Turnpike culate your monthly expenses	20b. 20c. 20d. 20e.	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	0.00 0.00 0.00 0.00 187.83 40.00 13.00 26.00 9.00 58.67 100.00
20c. 20d. 20e. Othe Sec Net Leg Visi HSA Ohi Calc	Property, homeowner's, or renter's insurance Maintenance, repair, and upkeep expenses Homeowner's association or condominium dues er: Specify: Student Loan surity System ADT flix palshield fon Insurance A Home Warranty o Turnpike culate your monthly expenses Add lines 4 through 21.	20b. 20c. 20d. 20e. 21.	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	0.00 0.00 0.00 0.00 187.83 40.00 13.00 26.00 9.00 58.67
20c. 20d. 20e. Othe Sec Net Leg Visi HS/ Ohi Calc 22a. 22b.	Property, homeowner's, or renter's insurance Maintenance, repair, and upkeep expenses Homeowner's association or condominium dues er: Specify: Student Loan eurity System ADT flix jalshield ion Insurance A Home Warranty o Turnpike culate your monthly expenses Add lines 4 through 21. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2	20b. 20c. 20d. 20e. 21.	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	0.00 0.00 0.00 0.00 187.83 40.00 13.00 26.00 9.00 58.67 100.00
20c. 20d. 20e. Othe Sec Net Leg Visi HS/ Ohi Calc 22a. 22b.	Property, homeowner's, or renter's insurance Maintenance, repair, and upkeep expenses Homeowner's association or condominium dues er: Specify: Student Loan surity System ADT flix palshield fon Insurance A Home Warranty o Turnpike culate your monthly expenses Add lines 4 through 21.	20b. 20c. 20d. 20e. 21.	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	0.00 0.00 0.00 0.00 187.83 40.00 13.00 26.00 9.00 58.67 100.00
20c. 20d. 20e. Other Sec Visi HS/Ohi Cald 22a. 22b. 22c. Cald	Property, homeowner's, or renter's insurance Maintenance, repair, and upkeep expenses Homeowner's association or condominium dues er: Specify: Student Loan eurity System ADT flix galshield fon Insurance A Home Warranty o Turnpike culate your monthly expenses Add lines 4 through 21. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2 Add line 22a and 22b. The result is your monthly expenses. culate your monthly net income.	20b. 20c. 20d. 20e. 21.	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	0.00 0.00 0.00 0.00 187.83 40.00 13.00 26.00 9.00 58.67 100.00
20c. 20d. 20e. Other Sec Visi HS/Ohi Cald 22a. 22b. 22c. Cald	Property, homeowner's, or renter's insurance Maintenance, repair, and upkeep expenses Homeowner's association or condominium dues er: Specify: Student Loan surity System ADT flix alshield ion Insurance A Home Warranty o Turnpike culate your monthly expenses Add lines 4 through 21. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2 Add line 22a and 22b. The result is your monthly expenses.	20b. 20c. 20d. 20e. 21.	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	0.00 0.00 0.00 0.00 187.83 40.00 13.00 26.00 9.00 58.67 100.00
20c. 20d. Sec Net Leg Visi HS/Ohi Calc 22a. 22b. 22c. Calc 23a.	Property, homeowner's, or renter's insurance Maintenance, repair, and upkeep expenses Homeowner's association or condominium dues er: Specify: Student Loan eurity System ADT flix galshield fon Insurance A Home Warranty o Turnpike culate your monthly expenses Add lines 4 through 21. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2 Add line 22a and 22b. The result is your monthly expenses. culate your monthly net income.	20b. 20c. 20d. 20e. 21.	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	0.00 0.00 0.00 187.83 40.00 13.00 26.00 9.00 58.67 100.00 3,931.43
20c. 20d. 20e. Other Sec Net Leg Visi HS/Ohi Calc 22a. 22b. 22c. Calc 23a.	Property, homeowner's, or renter's insurance Maintenance, repair, and upkeep expenses Homeowner's association or condominium dues er: Specify: Student Loan eurity System ADT flix palshield fon Insurance A Home Warranty o Turnpike culate your monthly expenses Add lines 4 through 21. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2 Add line 22a and 22b. The result is your monthly expenses. culate your monthly net income. Copy line 12 (your combined monthly income) from Schedule I.	20b. 20c. 20d. 20e. 21.	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	0.00 0.00 0.00 187.83 40.00 13.00 26.00 9.00 58.67 100.00 3,931.43
20c. 20dd 20e. Net Leg Visi HS/Ohi Cald 22a. 22b. 22c. Cald 23a. 23b.	Property, homeowner's, or renter's insurance Maintenance, repair, and upkeep expenses Homeowner's association or condominium dues Prespective: Student Loan Filix Filix	20b. 20c. 20d. 20e. 21.	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	0.00 0.00 0.00 187.83 40.00 13.00 26.00 9.00 58.67 100.00 3,931.43 2,500.00 3,931.43
20c. 20dd 20e. Net Leg Visi HS/Ohi Cald 22a. 22b. 22c. Cald 23a. 23b.	Property, homeowner's, or renter's insurance Maintenance, repair, and upkeep expenses Homeowner's association or condominium dues er: Specify: Student Loan eurity System ADT flix palshield fon Insurance A Home Warranty o Turnpike culate your monthly expenses Add lines 4 through 21. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2 Add line 22a and 22b. The result is your monthly expenses. culate your monthly net income. Copy line 12 (your combined monthly income) from Schedule I. Copy your monthly expenses from line 22c above.	20b. 20c. 20d. 20e. 21.	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	0.00 0.00 0.00 187.83 40.00 13.00 26.00 9.00 58.67 100.00 3,931.43
20c. 20d. Sec Net Leg Visi HS/Ohi Calc 22a. 22b. 22c. Calc 23a. 23b. 23c.	Property, homeowner's, or renter's insurance Maintenance, repair, and upkeep expenses Homeowner's association or condominium dues er: Specify: Student Loan curity System ADT filix jalshield ion Insurance A Home Warranty o Turnpike culate your monthly expenses Add lines 4 through 21. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2 Add line 22a and 22b. The result is your monthly expenses. culate your monthly net income. Copy line 12 (your combined monthly income) from Schedule I. Copy your monthly expenses from line 22c above. Subtract your monthly expenses from your monthly income. The result is your monthly net income.	20b. 20c. 20d. 20e. 21. 21. 23a. 23b. 23c.	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	0.00 0.00 0.00 187.83 40.00 13.00 26.00 9.00 58.67 100.00 3,931.43 2,500.00 3,931.43
20c. 20d. 20e. Other Sec Net Leg Visi HS/Ohi Calc 22a. 22b. 22c. Calc 23a. 23b. 23c.	Property, homeowner's, or renter's insurance Maintenance, repair, and upkeep expenses Homeowner's association or condominium dues er: Specify: Student Loan curity System ADT filix jalshield fon Insurance A Home Warranty o Turnpike culate your monthly expenses Add lines 4 through 21. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2 Add line 22a and 22b. The result is your monthly expenses. culate your monthly net income. Copy line 12 (your combined monthly income) from Schedule I. Copy your monthly expenses from line 22c above. Subtract your monthly expenses from your monthly income. The result is your monthly net income.	20b. 20c. 20d. 20e. 21. 23a. 23b. 23c.	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	0.00 0.00 0.00 187.83 40.00 13.00 26.00 9.00 58.67 100.00 3,931.43 2,500.00 3,931.43
20c. 20d. 20e. Other Sec Visi HS/Ohi Cald 22a. 22b. 22c. Cald 23a. 23b. 23c.	Property, homeowner's, or renter's insurance Maintenance, repair, and upkeep expenses Homeowner's association or condominium dues er: Specify: Student Loan curity System ADT filix jalshield ion Insurance A Home Warranty o Turnpike culate your monthly expenses Add lines 4 through 21. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2 Add line 22a and 22b. The result is your monthly expenses. culate your monthly net income. Copy line 12 (your combined monthly income) from Schedule I. Copy your monthly expenses from line 22c above. Subtract your monthly expenses from your monthly income. The result is your monthly net income.	20b. 20c. 20d. 20e. 21. 23a. 23b. 23c.	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	0.00 0.00 0.00 0.00 187.83 40.00 13.00 26.00 9.00 58.67 100.00 3,931.43 2,500.00 3,931.43 -1,431.43
20c. 20d. Sec Net Leg Visi HS/Ohi Cald 22a. 22b. 22c. Cald 23a. 23b.	Property, homeowner's, or renter's insurance Maintenance, repair, and upkeep expenses Homeowner's association or condominium dues Per: Specify: Student Loan Parity System ADT Ilix Jalshield Jon Insurance A Home Warranty O Turnpike Culate your monthly expenses Add lines 4 through 21. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2 Add line 22a and 22b. The result is your monthly expenses. Culate your monthly net income. Copy line 12 (your combined monthly income) from Schedule I. Copy your monthly expenses from line 22c above. Subtract your monthly expenses from your monthly income. The result is your monthly net income. You expect an increase or decrease in your expenses within the year after example, do you expect to finish paying for your car loan within the year or do you expect you fication to the terms of your mortgage?	20b. 20c. 20d. 20e. 21. 23a. 23b. 23c.	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	0.00 0.00 0.00 0.00 187.83 40.00 13.00 26.00 9.00 58.67 100.00 3,931.43 2,500.00 3,931.43 -1,431.43

Fill in this info	ormation to identify your	ase:	
Debtor 1	Christopher E. Q		
	First Name	Middle Name Last Nar	me
Debtor 2	Sonia I. Quinones		
(Spouse if, filing)	First Name	Middle Name Last Nar	ne
United States E	Bankruptcy Court for the:	NORTHERN DISTRICT OF OHIO	
Case number			
(if known)			☐ Check if this is an
			amended filing
Official For	rm 106Dec		
Declara	tion About a	n Individual Debtor	's Schedules 12/15
f two married	people are filing togethe	, both are equally responsible for supp	olying correct information.
You must file t	his form whenever you f	e hankruntov schedules or amended s	chedules. Making a false statement, concealing property, or
			an result in fines up to \$250,000, or imprisonment for up to 20
ears, or both.	18 U.S.C. §§ 152, 1341, 1	519, and 3571.	
Si	gn Below		
Did you p	pay or agree to pay some	one who is NOT an attorney to help you	u fill out bankruptcy forms?
■ No			
–	Name of naroan		Attack Panly into Datition Pronound Nation
☐ res.	Name of person		Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119)
	nalty of perjury, I declare are true and correct.	that I have read the summary and sche	edules filed with this declaration and
Y Inl Ch	oristanbar E. Quinana	Y /o	/ Sania I. Quinanas
	nristopher E. Quinone stopher E. Quinones		/ Sonia I. Quinones onia I. Quinones
	ture of Debtor 1		gnature of Debtor 2
9			-
Date	July 2, 2019	Da	ate July 2, 2019

Official Form 106Dec

Declaration About an Individual Debtor's Schedules

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Best Case Bankruptcy

Fill in this	information to identify you	r case:			
Debtor 1	Christopher E. C				
Dahtar 0	First Name	Middle Name	Last Name		
Debtor 2 (Spouse if, filin	Sonia I. Quinone First Name	Middle Name	Last Name		
United Stat	es Bankruptcy Court for the:	NORTHERN DISTRICT (OF OHIO		
Case numb	nor				
(if known)				_	heck if this is an mended filing
					J. T. T. J.
	Form 107	Acceline Combodinate	landa Ellin a (an B		
Statem	ent of Financial	Affairs for Individ	duals Filing for B	ankruptcy	4/19
information number (if	n. If more space is needed, known). Answer every que	attach a separate sheet to	this form. On the top of any	equally responsible for sup y additional pages, write you	
1. What i	s your current marital statu	ıs?			
_	arried ot married				
		lived anywhere other than	where you live now?		
z. During	ille last 3 years, have you	iived allywhere other than	where you live now :		
■ N		ived in the last 3 years. Do no	ot include where you live now	1	
	, ,	ŕ	,		
Debto	or 1 Prior Address:	Dates Debtor 1 lived there	Debtor 2 Prior Ad	dress:	Dates Debtor 2 lived there
				ity property state or territory	
_	,		,	J	,
■ N		hedule H: Your Codebtors (O	fficial Form 106H)		
	os. Make sure you iii out cor	Todale 11. Toda Godestoro (G	modification room.		
Part 2	Explain the Sources of You	r Income			
Fill in th	he total amount of income yo	nployment or from operating ureceived from all jobs and a have income that you receive	all businesses, including part		ıdar years?
□ N	0				
= '''	es. Fill in the details.				
	os. i ili ili tilo dotallo.				
		Debtor 1		Debtor 2	
		Sources of income Check all that apply.	Gross income (before deductions and exclusions)	Sources of income Check all that apply.	Gross income (before deductions and exclusions)
	uary 1 of current year until ou filed for bankruptcy:	☐ Wages, commissions, bonuses, tips	\$13,137.00	☐ Wages, commissions, bonuses, tips	\$0.00
		Operating a business		☐ Operating a business	

Statement of Financial Affairs for Individuals Filing for Bankruptcy

page 1

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Best Case Bankruptcy

				Dalifan 4		Dalut 2		
				Debtor 1		Debtor 2		
				Sources of income Check all that apply.	Gross income (before deductions and exclusions)	Sources of inc		Gross income (before deductions and exclusions)
	r last caler nuary 1 to	ndar year: December :	31, 2018)	☐ Wages, commissions, \$207,665.00 bonuses, tips		☐ Wages, combonuses, tips	mmissions, \$0	
				Operating a business		☐ Operating a	business	
		dar year bef December 3		☐ Wages, commissions, bonuses, tips	\$231,029.00	☐ Wages, combonuses, tips	nmissions,	\$0.00
			Operating a business		☐ Operating a	business		
Include income regardless of whether that income is taxable. Examples of other income are alimony; child support; Social Security, unemployme and other public benefit payments; pensions; rental income; interest; dividends; money collected from lawsuits; royalties; and gambling and lotte winnings. If you are filing a joint case and you have income that you received together, list it only once under Debtor 1. List each source and the gross income from each source separately. Do not include income that you listed in line 4. No Yes. Fill in the details.								
				Debtor 1		Debtor 2		
				Sources of income Describe below.	Gross income from each source (before deductions and exclusions)	Sources of inc Describe below		Gross income (before deductions and exclusions)
Par	rt 3: Lis	t Certain Pa	yments You	Made Before You Filed for	,			
6. Are either Debtor 1's or Debtor 2's debts primarily consumer debts? □ No. Neither Debtor 1 nor Debtor 2 has primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred be individual primarily for a personal, family, or household purpose." □ During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$6,825* or more? □ No. Go to line 7. □ Yes List below each creditor to whom you paid a total of \$6,825* or more in one or more payments and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, and include payments to an attorney for this bankruptcy case. * Subject to adjustment on 4/01/22 and every 3 years after that for cases filed on or after the date of adjustment.						he total amount you and alimony. Also, do		
	Tes.			r both have primarily consure you filed for bankruptcy, di		tal of \$600 or more	?	
		■ No.	Go to line 7					
		□ Yes	include payı	ach creditor to whom you pai ments for domestic support o this bankruptcy case.				
	Creditor	's Name and	l Address	Dates of payme	nt Total amount paid	Amount you still owe	Was this	payment for

Statement of Financial Affairs for Individuals Filing for Bankruptcy

page 2

	otor 1 otor 2	Christopher E. Quinones Sonia I. Quinones		Cas	se number (if know	vn)		
7.	Inside of wh	in 1 year before you filed for bankrupt ers include your relatives; any general pa ich you are an officer, director, person in iness you operate as a sole proprietor. 1 ny.	artners; relatives of any ger control, or owner of 20% of	neral partners; partners partners or more of their voting	erships of which g securities; and	you are a gener I any managing a	al partner; corporations agent, including one for	
		No Yes. List all payments to an insider.						
		der's Name and Address	Dates of payment	Total amount paid	Amount you		this payment	
В.	Within 1 year before you filed for bankruptcy, did y insider? Include payments on debts guaranteed or cosigned by			•	any property or	n account of a d	ebt that benefited an	
		No						
		Yes. List all payments to an insider der's Name and Address	Dates of payment	Total amount	Amount you		Reason for this payment	
				paid	still owe	Include cred	ditor's name	
Par	t 4:	Identify Legal Actions, Repossession	ns, and Foreclosures					
3.	List a modif	in 1 year before you filed for bankrupte Il such matters, including personal injury ications, and contract disputes. No Yes. Fill in the details.						
		e title e number	Nature of the case	Court or agency		Status of the	ne case	
10.		in 1 year before you filed for bankrupt k all that apply and fill in the details below		erty repossessed, f	foreclosed, gar	nished, attache	d, seized, or levied?	
	_	No. Go to line 11. Yes. Fill in the information below.						
	Crec	ditor Name and Address	Describe the Property		Da	te	Value of the	
			Explain what happened	d			property	
11.	acco	n 90 days before you filed for bankrup unts or refuse to make a payment bec No		luding a bank or fii	nancial instituti	on, set off any	amounts from your	
		Yes. Fill in the details.						
	Crec	ditor Name and Address	Describe the action the	e creditor took	Da tak	te action was en	Amount	
12.		n 1 year before you filed for bankrupt -appointed receiver, a custodian, or a		erty in the possess	ion of an assig	nee for the ben	efit of creditors, a	
		No Yes						
Par	t 5:	List Certain Gifts and Contributions						
13.	= 1	n 2 years before you filed for bankrup No	ntcy, did you give any gift	s with a total value	of more than \$	600 per person	?	
	Gifts	Yes. Fill in the details for each gift. s with a total value of more than \$600 person	Describe the gifts			tes you gave e gifts	Value	
		son to Whom You Gave the Gift and ress:						

Statement of Financial Affairs for Individuals Filing for Bankruptcy

page 3

	otor 1 Christopher E. Quinones Sonia I. Quinones		с	ase number	(if known)	
14.	Within 2 years before you filed for bankru ■ No □ Yes. Fill in the details for each gift or co			s with a tota	Il value of more than	\$600 to any charity?
	Gifts or contributions to charities that to more than \$600 Charity's Name Address (Number, Street, City, State and ZIP Code)		Describe what you contributed		Dates you contributed	Value
Par	t 6: List Certain Losses					
15.	Within 1 year before you filed for bankrup or gambling?	tcy or	since you filed for bankruptcy, did y	ou lose anyt	thing because of thef	t, fire, other disaster,
	■ No □ Yes. Fill in the details.					
	how the loss occurred	nclude	be any insurance coverage for the lo the amount that insurance has paid. Lince claims on line 33 of Schedule A/B:	ist pending	Date of your loss	Value of property lost
Par		nourun	ide dialine on line of di donodale 70B. 1	roporty.		
	Within 1 year before you filed for bankrup consulted about seeking bankruptcy or princlude any attorneys, bankruptcy petition princlude any attorneys. No Yes. Fill in the details.	reparir	ng a bankruptcy petition?			
	Person Who Was Paid Address Email or website address Person Who Made the Payment, if Not Yo	ou	Description and value of any prope transferred	erty	Date payment or transfer was made	Amount of payment
17.	Within 1 year before you filed for bankrup promised to help you deal with your credi Do not include any payment or transfer that y	tors o	r to make payments to your creditors		or transfer any prope	rty to anyone who
	■ No □ Yes, Fill in the details.					
	Person Who Was Paid Address		Description and value of any prope transferred	erty	Date payment or transfer was made	Amount of payment
	Within 2 years before you filed for bankru transferred in the ordinary course of your Include both outright transfers and transfers include gifts and transfers that you have alrest No	busin made a	ess or financial affairs? as security (such as the granting of a se			
	Yes. Fill in the details. Person Who Received Transfer		Description and value of	Describe	any proporty or	Date transfer was
	Address Person's relationship to you		Description and value of property transferred		any property or received or debts change	made
19.	Within 10 years before you filed for bankr beneficiary? (These are often called asset-p			elf-settled tru	ust or similar device	of which you are a
	■ No □ Yes. Fill in the details.					
	Name of trust		Description and value of the prope	erty transferr	ed	Date Transfer was made

Statement of Financial Affairs for Individuals Filing for Bankruptcy

page 4

Best Case Bankruptcy

Case number (if known)

Pai	t 8:	List of Certain Financial Accounts, Ins	strun	nents, Safe Depos	it Boxes, and St	orage Uni	ts		
20.	Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your benefit, closed, sold, moved, or transferred?								
		lude checking, savings, money market, o uses, pension funds, cooperatives, assoc					it; shares in banks, credit	ur	ions, brokerage
		No Yes. Fill in the details.							
	_	me of Financial Institution and	Las	at 4 digits of	Type of accou	int or	int or Date account was La		
		Idress (Number, Street, City, State and ZIP		ount number	instrument		closed, sold, moved, or transferred		Last balance before closing or transfer
21.		you now have, or did you have within 1 y h, or other valuables?	/ear	before you filed fo	or bankruptcy, ar	ny safe de	posit box or other deposi	itor	y for securities,
		No							
		Yes. Fill in the details.							
		me of Financial Institution Idress (Number, Street, City, State and ZIP Code)		Who else had ac Address (Number, State and ZIP Code)		Describe	the contents		Do you still have it?
22.	Hav	ve you stored property in a storage unit o	or pla	ace other than you	ır home within 1	year befo	re you filed for bankrupto	;y?	
		No							
	■ No □ Yes. Fill in the details.								
	Na	me of Storage Facility		Who else has or	had access	Describe	the contents		Do you still
	Address (Number, Street, City, State and ZIP Code)			to it? Address (Number, Street, City, State and ZIP Code)					have it?
Pai	t 9:	Identify Property You Hold or Control	for S	Someone Else					
23.		you hold or control any property that son someone.	meo	ne else owns? Inc	lude any proper	ty you bor	rowed from, are storing f	or,	or hold in trust
	_	Na							
	$\overline{\Box}$	No Yes. Fill in the details.							
		vner's Name Idress (Number, Street, City, State and ZIP Code)		Where is the pro (Number, Street, City Code)		Describe	the property		Value
Par	+ 10	Give Details About Environmental Info	rma	ŕ					
Га	t 10	Give Details About Environmental init	Jillia	lion					
For	the	purpose of Part 10, the following definition	ons a	apply:					
	tox	vironmental law means any federal, state ic substances, wastes, or material into the ulations controlling the cleanup of these	ne ai	r, land, soil, surfa	ce water, ground	• .	-		
	Site	e means any location, facility, or property	as	defined under any		aw, wheth	ner you now own, operate	, o	r utilize it or used
	Haz	zardous material means anything an envi	ronr	nental law defines	s as a hazardous	waste, ha	zardous substance, toxid	s sı	ubstance,
Pan		ardous material, pollutant, contaminant, all notices, releases, and proceedings that			vardlass of when	they occ	urred		
·		s any governmental unit notified you that	-			-		mei	ntal law?
- "		No	, , .	a, so nasio oi					
		Yes. Fill in the details.							
		ime of site Idress (Number, Street, City, State and ZIP Code)		Governmental u	nit Street, City, State and		onmental law, if you it		Date of notice

Official Form 107

Statement of Financial Affairs for Individuals Filing for Bankruptcy

page **5**

	otor 1 otor 2	Christopher E. Quinones Sonia I. Quinones			Cas	se number (if known)	
25.	Have	you notified any governmental unit o	f any release of h	nazardous material?			
		No	·				
	□ \	es. Fill in the details.					
		e of Site Pess (Number, Street, City, State and ZIP Code)	Governme Address (ZIP Code)	ental unit Number, Street, City, State a	and	Environmental law, if you know it	Date of notice
26. Have you been a party in any judicial or administrative proceeding under any environmental law? Include settlements an						nd orders.	
		No					
	_	es. Fill in the details.					
		e Title e Number	Court or a Name Address (State and ZIF	Number, Street, City,	Nat	ture of the case	Status of the case
Pai	t 11:	Give Details About Your Business or	Connections to	Any Business			
27.	Withi	n 4 years before you filed for bankrup	tcy, did you own	a business or have a	any of	the following connections to any	business?
	[☐ A sole proprietor or self-employed	in a trade, profes	ssion, or other activit	y, eith	er full-time or part-time	
	ſ		nany (LLC) or lim	nited liability nartners	shin (l	I P)	
	_		pany (220) or	mod nabinty partition	лр (–	,	
	_	A partner in a partnership					
	[An officer, director, or managing e	recutive of a corp	poration			
	[An owner of at least 5% of the voti	ng or equity secu	rities of a corporatio	n		
		No. None of the above applies. Go to	Part 12.				
	_	es. Check all that apply above and fi		elow for each husine	88		
	_	ness Name		ature of the business		Employer Identification number	
	Addr			untant or bookkeeper		Do not include Social Security n	umber or ITIN.
						Dates business existed	
28.		n 2 years before you filed for bankrup utions, creditors, or other parties.	tcy, did you give	a financial statemen	t to an	yone about your business? Includ	de all financial
		No					
	□ 1	es. Fill in the details below.					
	Nam Addr (Numb		Date Issued				
Pai		Sign Below					
are with	true ar a ban	d the answers on this <i>Statement of Fi</i> nd correct. I understand that making a kruptcy case can result in fines up to §§ 152, 1341, 1519, and 3571.	false statement	, concealing property	, or ol	otaining money or property by frau	
/s/	Chris	topher E. Quinones	/s/ So	nia I. Quinones			
		her E. Quinones		I. Quinones			
Sig	nature	of Debtor 1	Signat	ture of Debtor 2			
Dat	e <u>Ju</u>	ıly 2, 2019	Date	July 2, 2019			
Did	you at	tach additional pages to Your Statem	ent of Financial	Affairs for Individuals	s Filing	g for Bankruptcy (Official Form 10	7)?
	'es						
Did ■ N		ay or agree to pay someone who is no	ot an attorney to I	help you fill out bank	ruptcy	r forms?	
_		me of Person Attach the Bankn	uptcy Petition Pre	parer's Notice, Declara	ation, a	nd Signature (Official Form 119).	
	ial Form	· · · · · · · · · · · · · · · · · · ·		ffairs for Individuals Fili			page 6
Softw	are Copy	right (c) 1996-2019 Best Case, LLC - www.bestcase.	com				Best Case Bankruptcy

			_
Fill in this infor	mation to identify your case:		
Debtor 1	Christopher E. Quinones		
Debtor 2	First Name Middle Name	Last Name	
(Spouse if, filing)	Sonia I. Quinones First Name Middle Name	Last Name	
United States Ba	ankruptcy Court for the: NORTHERN DI	STRICT OF OHIO	
Casa numbar			
Case number _ (if known)			☐ Check if this is an amended filing
f you are an ind	ividual filing under chapter 7, you must	ividuals Filing Under Chap	ter / 12/15
on the f two married posign and Ge as complete write y Part 1: List Y I. For any credit information be	form eople are filing together in a joint case, I nd date the form. and accurate as possible. If more space our name and case number (if known). our Creditors Who Have Secured Claims tors that you listed in Part 1 of Schedule	the time for cause. You must also send copies to both are equally responsible for supplying correct is needed, attach a separate sheet to this form. Common December 19 Creditors Who Have Claims Secured by Prope What do you intend to do with the property the secures a debt?	t information. Both debtors must On the top of any additional pages, orty (Official Form 106D), fill in the
Creditor's F name:	dome Point Financial	☐ Surrender the property. ☐ Retain the property and redeem it.	□ No
Description of property securing debt	8979 State Rte. 700, Ravenna	 Retain the property and enter into a Reaffirmation Agreement. Retain the property and [explain]: 	■ Yes
Creditor's F	luntington Natl. Bank	☐ Surrender the property. ☐ Retain the property and redeem it.	□ No
Description of property securing debt	VIN # 1C4RJFBG9FC166302	■ Retain the property and enter into a Reaffirmation Agreement.□ Retain the property and [explain]:	■ Yes

Creditor's Trans Lease, Inc. name:

Description of 2016 Mac Trailer

property Official Form 108 VIN # 5MADN4021GC031500

☐ Surrender the property. ☐ Retain the property and redeem it.

Retain the property and enter into a

Reaffirmation Agreement.

☐ Retain the property and [explain]:

Statement of Intention for Individuals Filing Under Chapter 7

page 1

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Best Case Bankruptcy

☐ No

Yes

Debtor Debtor	•	Case number (if known)	
secu	uring debt:		
n the ir	List Your Unexpired Personal Property Leases v unexpired personal property lease that you listed in Sonformation below. Do not list real estate leases. Unexpiry assume an unexpired personal property lease if the t	ired leases are leases that are still in effect; the le	Leases (Official Form 106G), fill ease period has not yet ended.
Descri	be your unexpired personal property leases	w	/ill the lease be assumed?
	's name: otion of leased ty:] No] Yes
	's name: ption of leased] No
Propert	ty:] Yes
	's name: otion of leased tv:] No] Yes
Lessor'	's name: otion of leased	С] No
	's name: otion of leased ty:] No
Lessor'	's name:] No
Descrip Propert	ption of leased ty:	С] Yes
	's name:] No
Descrip Propert	otion of leased ty:	С] Yes
	Sign Below penalty of perjury, I declare that I have indicated my integrated to an unexpired lease.	ention about any property of my estate that secu	res a debt and any personal
χ /s	s/ Christopher E. Quinones	χ /s/ Sonia I. Quinones	
С	hristopher E. Quinones ignature of Debtor 1	Sonia I. Quinones Signature of Debtor 2	
Da	ate July 2, 2019	Date July 2, 2019	

Statement of Intention for Individuals Filing Under Chapter 7

page 2

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Best Case Bankruptcy

	ormation to identify your case:	Check one box only as direct 122A-1Supp:
Debtor 1	Christopher E. Quinones	
Debtor 2 (Spouse, if filing)	Sonia I. Quinones	■ 1. There is no presum
	s Bankruptcy Court for the: Northern District of Ohio	☐ 2. The calculation to dapplies will be made Calculation (Official
(if known)		☐ 3. The Means Test do qualified military se
	<u>Form 122A - 1</u> r <mark>7 Statement of Your Current Monthly</mark>	Income
attach a separ- case number (e and accurate as possible. If two married people are filing together, both ar ate sheet to this form. Include the line number to which the additional inform if known). If you believe that you are exempted from a presumption of abuse tary service, complete and file Statement of Exemption from Presumption of	nation applies. On the top of any a be because you do not have primar
Part 1:	Calculate Your Current Monthly Income	
1. What is	s your marital and filing status? Check one only.	
☐ Not	married. Fill out Column A, lines 2-11.	
■ Mari	ried and your spouse is filing with you. Fill out both Columns A and E	3, lines 2-11.
☐ Marı	ried and your spouse is NOT filing with you. You and your spouse	are:
Li	ving in the same household and are not legally separated. Fill out b	oth Columns A and B, lines 2-1

ted in this form and in Form ption of abuse etermine if a presumption of abuse le under *Chapter 7 Means Test* Il Form 122A-2). es not apply now because of

ervice but it could apply later.

mended filing

12/15

curate. If more space is needed, additional pages, write your name and ily consumer debts or because of Form 122A-1Supp) with this form.

	■ Married and your spouse is filing with you.	Fill ou	t both	Columns	A and	B, lines	2-11.				
	☐ Married and your spouse is NOT filing with	you. \	You a	nd your s	pouse	e are:					
	☐ Living in the same household and are no	t lega	lly se	parated. F	ill out	both Col	umns	A and B, lines 2	2-11.		
	☐ Living separately or are legally separated penalty of perjury that you and your spouse living apart for reasons that do not include	are le	egally	separated	unde	r nonbanl	krupto	cy law that applic	es or th		
10 th	ill in the average monthly income that you received from 1(10A). For example, if you are filing on September 15, the 6 months, add the income for all 6 months and divide the pouses own the same rental property, put the income from	he 6-mo	onth pe	eriod would Fill in the res	be Mai sult. Do	rch 1 throu not includ	igh Au le any	gust 31. If the amount m	ount of y ore than	our monthly incom once. For examp	e varied during e, if both
							Colu Debt	mn A t or 1	Debt	mn B or 2 or filing spouse	
2.	Your gross wages, salary, tips, bonuses, over payroll deductions).	time, a	and c	ommissio	ns (be	efore all	\$	0.00	\$	0.00	
3.	Alimony and maintenance payments. Do not in Column B is filled in.	clude	paym	ents from	a spou	ise if	\$	0.00	\$	0.00	
4.	All amounts from any source which are regular of you or your dependents, including child su from an unmarried partner, members of your hour and roommates. Include regular contributions from filled in. Do not include payments you listed on line	pport. sehold n a sp	Include, your	de regular depender	contri nts, pa	butions rents,	\$	0.00	\$	0.00	
5.	Net income from operating a business, profes	sion, d	or far								
					tor 1						
	Gross receipts (before all deductions)	\$_		6,18							
	Ordinary and necessary operating expenses	- \$ _		2,98		_					
	Net monthly income from a business, profession, or farm	\$_		3,20	9.33	Copy here -> S	\$	3,209.33	\$	0.00	
6.	Net income from rental and other real property	y									
				Deb	tor 1						
	Gross receipts (before all deductions)		\$_	0.00							
	Ordinary and necessary operating expenses		- \$ _	0.00	_		_	0.55		0.00	
	Net monthly income from rental or other real prop	erty	\$_	0.00	Сору	here ->	\$	0.00	\$	0.00	
7.	Interest, dividends, and royalties						\$	0.00	\$	0.00	

Official Form 122A-1

Chapter 7 Statement of Your Current Monthly Income

page 1

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Case number (if known)

							Column A Debtor 1		Column B Debtor 2 o non-filing		
8.	Unem	ployment co	ompensation				\$	0.00	\$	0.00	
			mount if you contend that the amour Act. Instead, list it here:	nt received was a	a ben	efit under					
	For	you	9	5	(0.00					
			9		(0.00					
9.	Pensi	on or retirer	ment income. Do not include any are Social Security Act.	mount received t	hat w	as a	\$	0.00	\$	0.00	
10.	Do not receive	i include any ed as a victir stic terrorism elow.	ther sources not listed above. Sp benefits received under the Social m of a war crime, a crime against hu . If necessary, list other sources on	Security Act or p manity, or intern a separate page	ayme ationa and	ents al or	\$	0.00	 \$	0.00	
		•					\$	0.00	\$	0.00	
		Total ama	winto from congrete nagge if any				· —	0.00	\$	0.00	
		rotal amo	ounts from separate pages, if any.				\$	0.00	<u> </u>	0.00	
11.			tal current monthly income. Add lined the total for Column A to the total			\$	3,209.33	. + \$ _	0.00	= \$	3,209.33
										Total o	current monthly
Part	2:	Determine	Whether the Means Test Applies	to You							
12.	Calcul	late your cu	rrent monthly income for the year	r. Follow these s	teps:						
	12a. C	opy your tot	al current monthly income from line	11			Co	py line 11	here=>	\$	3,209.33
	M	fultiply by 12	the number of months in a year)							X	12
	12b. T	he result is y	our annual income for this part of th	ne form					12b	p. \$	38,511.96
13.	Calcul	late the med	dian family income that applies to	you. Follow the	se ste	eps:					
				ОН		•					
	FIII III I	ne state in w	which you live.	Оп							
	Fill in t	he number o	of people in your household.	4							
			amily income for your state and size						13.	\$	89,454.00
			olicable median income amounts, go ist may also be available at the banl			specified	in the sepa	arate instruc	etions		
14.	How d	lo the lines	compare?								
	14a.		2b is less than or equal to line 13. C	On the top of pag	e 1, c	check box	1, There is	s no presun	nption of abus	se.	
	14b.	☐ Line 1	2b is more than line 13. On the top Part 3 and fill out Form 122A-2.	of page 1, check	box	2, The pre	esumption	of abuse is	determined b	y Form 12	22A-2.
Part	3:	Sign Below	,								
			re, I declare under penalty of perjury	that the informa	ation	on this sta	atement an	d in any att	achments is to	rue and c	orrect.
		, , ,	, , , ,					•			
	Х		opher E. Quinones		X		a I. Quin				
		Signature of	her E. Quinones of Debtor 1				Quinone of Debtor				
	Date	July 2, 20		Г	Date	July 2,					
		MM / DD /		-		MM / DD					
	If	you checke	d line 14a, do NOT fill out or file For	m 122A-2.							
	If	vou checke	d line 14b, fill out Form 122A-2 and	file it with this for	m.						
	• •	,									

Official Form 122A-1

Chapter 7 Statement of Your Current Monthly Income

page 2

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Current Monthly Income Details for the Debtor

Debtor Income Details:

Income for the Period 01/01/2019 to 06/30/2019.

Line 5 - Income from operation of a business, profession, or farm

Source of Income: Trucking Schedule C

Income/Expense/Net by Month:

	Date	Income	Expense	Net
6 Months Ago:	01/2019	\$2,855.00	\$26.00	\$2,829.00
5 Months Ago:	02/2019	\$1,350.00	\$26.00	\$1,324.00
4 Months Ago:	03/2019	\$0.00	\$26.00	\$-26.00
3 Months Ago:	04/2019	\$0.00	\$26.00	\$-26.00
2 Months Ago:	05/2019	\$8,933.00	\$3,031.00	\$5,902.00
Last Month:	06/2019	\$24,000.00	\$14,747.00	\$9,253.00
	Average per month:	\$6,189.67	\$2,980.33	
			Average Monthly NET Income:	\$3,209.33

Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

This notice is for you if:

You are an individual filing for bankruptcy, and

Your debts are primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

Chapter 7:	:	Liquidation
\$2	45	filing fee
\$7	75	administrative fee
<u>+</u> \$	15	trustee surcharge
\$3	35	total fee

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes;

most student loans;

domestic support and property settlement obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft;

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A–1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A–2).

If your income is above the median for your state, you must file a second form —the *Chapter 7 Means Test Calculation* (Official Form 122A–2). The calculations on the form— sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

Chapter 11: Reorganization

\$1,167 filing fee

+ \$550 administrative fee \$1,717 total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

Read These Important Warnings

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Chapter 12: Repayment plan for family farmers or fishermen

	\$200	filing fee
+	\$75	administrative fee
	\$275	total fee

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

Chapter 13: Repayment plan for individuals with regular income

	\$235	filing fee
+	\$75	administrative fee
·	\$310	total fee

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

domestic support obligations,

most student loans,

certain taxes,

debts for fraud or theft,

debts for fraud or defalcation while acting in a fiduciary capacity,

most criminal fines and restitution obligations,

certain debts that are not listed in your bankruptcy papers,

certain debts for acts that caused death or personal injury, and

certain long-term secured debts.

Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

page 3

Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to: http://www.uscourts.gov/bkforms/bankruptcy_forms.html#procedure.

Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days *before* you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: http://justice.gov/ust/eo/hapcpa/ccde/cc_approved.html

In Alabama and North Carolina, go to: http://www.uscourts.gov/FederalCourts/Bankruptcy/BankruptcyResources/ApprovedCreditAndDebtCounselors.aspx.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list.

Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

United States Bankruptcy Court Northern District of Ohio

compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services be rendered on behalf of the debtor(s) in connemplation of or in connection with the bankruptcy case is as follows: For legal services, I have agreed to accept Prior to the filing of this statement I have received \$ 800.00 Balance Due \$ 0.00 2. The source of the compensation paid to me was: Debtor Other (specify): 3. The source of compensation to be paid to me is: Debtor Other (specify): 4. I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates I have agreed to share the above-disclosed compensation with a person or persons who are not members or associates of my copy of the agreement, together with a list of the names of the people sharing in the compensation is attached. 5. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including: a. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bar b. Preparation and filing of any petition, schedules, statement of affairs and plan which may be required; d. [Other provisions as needed] Negotiations with secured creditors to reduce to market value; exemption planning; preparation and reaffirmation agreements and applications as needed; preparation and filing of motions pursuant to \$22(f)(2)(A) for avoidance of liens on household goods. Exemption of the debtor's in any dischargeability actions, judicial lien avoidances, relief from st any other adversary proceeding. CERTIFICATION 1. Certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor's provisions and the debtor's in any dischargeability actions, judicial lien avoidances, relief from st any other adversary proceeding. CERTIFICATION 1. Certify that the foregoing is a complete statement of any a		Norther	n District of Ohio			
DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR(S) 1. Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am the attorney for the above named debtor(s) and the compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows: For legal services, I have agreed to accept \$800.00 Prior to the filling of this statement I have received \$800.00 Balance Due \$800.00 2. The source of the compensation paid to me was: Debtor Other (specify): 3. The source of compensation to be paid to me is: Debtor Other (specify): 4. If have not agreed to share the above-disclosed compensation with any other person unless they are members and associates copy of the agreement, together with a list of the names of the people sharing in the compensation is attached. 5. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including: a. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bar b. Preparation and filing of any petition, schedules, statement of affairs and plan which may be required; c. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof; d. [Other provisions as needed] Negotiations with secured creditors to reduce to market value; exemption planning; preparation and reaffirmation agreements and applications as needed; preparation and filing of motions pursuant to 522(f)(2)(A) for avoidance of liens on household goods. By agreement with the debtor(s), the above-disclosed fee does not include the following service: Representation of the debtors in any dischargeability actions, judicial lien avoidances, relief from st any other adversary proceeding. CERTIFICATION I certify that the foregoing is a complete statem				Case No.		
1. Pursuant to 11 U. S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am the attorney for the above named debtor(s) and the compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows: For legal services, I have agreed to accept For legal services, I have agreed to accept S 800.00 Balance Due S 0.00 The source of the compensation paid to me was: Debtor Other (specify): I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates Debtor Other (specify): I have agreed to share the above-disclosed compensation with any other person unless they are members or associates of my copy of the agreement, together with a list of the names of the people sharing in the compensation is attached. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including: a. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bar b. Preparation and filing of any petition, schedules, statement of affairs and plan which may be required; C. Representation of the debtor at meeting of creditors and confirmation hearing, and any adjourned hearings thereof; d. [Other provisions as needed] Negotiations with secured creditors to reduce to market value; exemption planning; preparation and reaffirmation agreements and applications as needed; preparation and filling of motions pursuant to \$220(1)(2)(A) for avoidance of liens on household goods. By agreement with the debtor(s), the above-disclosed fee does not include the following service: Representation of the debtor is any dischargeability actions, judicial lien avoidances, relief from st any other adversary proceeding. CERTIFICATION Leertify that the foregoing is a complete statement of any ag			Debtor(s)	Chapter	7	
compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows: For legal services, I have agreed to accept Prior to the filing of this statement I have received \$ 800.00 Balance Due \$ 0.00 S 0.00 The source of the compensation paid to me was: Debtor Other (specify): The source of compensation to be paid to me is: Debtor Other (specify): I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates have agreed to share the above-disclosed compensation with a person or persons who are not members or associates of my copy of the agreement, together with a list of the names of the people sharing in the compensation is attached. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including: a. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bar b. Preparation and filling of any petition, schedules, statement of affairs and plan which may be required; Repersentation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof; d. [Other provisions as needed] Negotiations with secured creditors to reduce to market value; exemption planning; preparation and reaffirmation agreements and applications as needed; preparation and filling of motions pursuant to 522(f)(2)(A) for avoidance of liens on household goods. By agreement with the debtor(s), the above-disclosed fee does not include the following service: Representation of the debtor at any dischargeability actions, judicial lien avoidances, relief from stany other adversary proceeding. CERTIFICATION Levity that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtors i		DISCLOSURE OF COMPENSAT	TION OF ATTOR	NEY FOR DE	EBTOR(S)	
Prior to the filing of this statement I have received \$ 800.00 Balance Due \$ 0.00 2. The source of the compensation paid to me was: Debtor Other (specify): 3. The source of compensation to be paid to me is: Debtor Other (specify): 4. I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates or boyo of the agreement, together with a list of the names of the people sharing in the compensation is attached. 5. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including: a. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bar b. Preparation and filing of any petition, schedules, statement of affairs and plan which may be required; c. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof; d. [Other provisions as needed] Negotiations with secured creditors to reduce to market value; exemption planning; preparation and reaffirmation agreements and applications as needed; preparation and filing of motions pursuant to 522(f)(2)(A) for avoidance of liens on household goods. 6. By agreement with the debtor(s), the above-disclosed fee does not include the following service: Representation of the debtors in any dischargeability actions, judicial lien avoidances, relief from stany other adversary proceeding. CERTIFICATION I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the this bankruptcy proceeding. Segnature of Atomecy Ronald M. Martin, Co., LPA	compensation	n paid to me within one year before the filing of the	e petition in bankruptcy, o	or agreed to be paid	to me, for services rendered	or to
Prior to the filing of this statement I have received \$ 800.00 Balance Due \$ 0.00 2. The source of the compensation paid to me was: Debtor Other (specify): 3. The source of compensation to be paid to me is: Debtor Other (specify): 4. I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates or popy of the agreement, together with a list of the names of the people sharing in the compensation is attached. 5. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including: a. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bar b. Preparation and filing of any petition, schedules, statement of affairs and plan which may be required; c. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof; d. [Other provisions as needed] Negotiations with secured creditors to reduce to market value; exemption planning; preparation and reaffirmation agreements and applications as needed; preparation and filing of motions pursuant to 522(f)(2)(A) for avoidance of liens on household goods. 6. By agreement with the debtor(s), the above-disclosed fee does not include the following service: Representation of the debtors in any dischargeability actions, judicial lien avoidances, relief from stany other adversary proceeding. CERTIFICATION I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the this bankruptcy proceeding. Signature of Attorney Ronald M. Martin, Co., LPA	For lega	al services, I have agreed to accept		\$	800.00	
2. The source of the compensation paid to me was: ■ Debtor □ Other (specify): 3. The source of compensation to be paid to me is: ■ Debtor □ Other (specify): 4. ■ I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates □ I have agreed to share the above-disclosed compensation with a person or persons who are not members or associates of my copy of the agreement, together with a list of the names of the people sharing in the compensation is attached. 5. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including: a. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bar b. Preparation and filing of any petition, schedules, statement of affairs and plan which may be required; c. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof; d. [Other provisions as needed] Negotiations with secured creditors to reduce to market value; exemption planning; preparation and reaffirmation agreements and applications as needed; preparation and filing of motions pursuant to 522(f)(2)(A) for avoidance of liens on household goods. 6. By agreement with the debtor(s), the above-disclosed fee does not include the following service: Representation of the debtors in any dischargeability actions, judicial lien avoidances, relief from stany other adversary proceeding. CERTIFICATION I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the this bankruptcy proceeding. July 2, 2019	Prior to	the filing of this statement I have received		\$	800.00	
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Date Ronald M. Martin 0006512 Signature of Attorney Ronald M. Martin, Co., LPA	July 2, 2019	9	/s/ Ronald M. Mart	in		
1615 Akron Peninsula Rd. Ste. 102 Akron, OH 44313 330-923-2451 Fax: 330-922-4936			Signature of Attorney Ronald M. Martin, 1615 Akron Penins Ste. 102 Akron, OH 44313	Co., LPA sula Rd.		

 $Name\ of\ law\ firm$

United States Bankruptcy Court Northern District of Ohio

In re	Christopher E. Quinones Sonia I. Quinones		Case No.	
		Debtor(s)	Chapter	7
	VERI	FICATION OF CREDITOR	MATRIX	
The ab	ove-named Debtors hereby verify th	nat the attached list of creditors is true and	correct to the best	of their knowledge.
Date:	July 2, 2019	/s/ Christopher E. Quinones		
		Christopher E. Quinones		
		Signature of Debtor		
Date:	July 2 2019	/s/ Sonia I. Quinones		

Sonia I. QuinonesSignature of Debtor

Barclays PO Box 13337 Philadelphia, PA 19101-3337

BMO Harris Bank NA PO Box 74897 Chicago, IL 60694-4897

Capital One - Quick Silver PO Box 6492 Carol Stream, IL 60197-6492

Capital One - Venture One PO Box 6492 Carol Stream, IL 60197-6492

Capital One Mastercard PO Box 6492 Carol Stream, IL 60197-6492

Capital One Platinum Mastercard PO Box 6492 Carol Stream, IL 60197-6492

Capital One Quicksilver PO Box 6492 Carol Stream, IL 60197-6492

Caterpillar Financial PO Box 6403 Sioux Falls, SD 57117-6403

Cleveland Clinic PO Box 89410 Cleveland, OH 44101-6410

Cleveland Clinic Laboratories PO Box 74222 Cleveland, OH 44194-4222

Comenity - Ann Taylor PO Box 659450 San Antonio, TX 78265-9450 Comenity - Williams Sonoma PO Box 659450 San Antonio, TX 78265-9450

Dental Works PO Box 64-3005 Cincinnati, OH 45264-3005

Dental Works PO Box 64-3005 Cincinnati, OH 45264-3005

Goodyear Commercial Tire & Service 7230 Northfield Road Bedford, OH 44146

Home Depot PO Box 790328 Saint Louis, MO 63179

Home Point Financial P.O. Box 619063 Dallas, TX 75261-9063

Huntington Natl. Bank PO Box 182519 Columbus, OH 43218-2519

Macy's American Express PO Box 9001108 Louisville, KY 40290-1108

Marvel MC/SYNCB PO Box 530939 Atlanta, GA 30353-0939

Medical Mutual PO Box 932627 Cleveland, OH 44193-2627

Nationwide Children's Hospital PO Box 78000 Detroit, MI 48278-1117 Nordstroms PO Box 13589 Scottsdale, AZ 85267

Saks Fifth Avenue PO Box 5224 Carol Stream, IL 60197-5224

Sears PO Box 6283 Sioux Falls, SD 57117-6283

Synchrony Bank - Care Credit PO Box 960061 Orlando, FL 32896-0061

Synchrony Bank/ JCP PO Box 960090 Orlando, FL 32896-0090

Synchrony Bank/Amazon PO Box 960013 Orlando, FL 32896-0013

Synchrony Bank/Lowes PO Box 530914 Atlanta, GA 30353-0914

Target Card Services PO Box 660170 Dallas, TX 75266-0170

TJX Rewards PO Box 530949 Atlanta, GA 30349-0949

Trans Lease, Inc. 1400 W. 62nd Avenue Denver, CO 80221

Universal Premium Fleetcor PO Box 923928 Norcross, GA 30010 Walmart/Synchrony Bank PO Box 530927 Atlanta, GA 30353-0927